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ABSTRACT

This document reports on a project of the Illinois Planning Council on Developmental Disabilities to assess needs of current transition practices in Illinois for preschool children with special needs. The project involved: analysis of a comprehensive review of the relevant research literature; recommendations from advisory board members, workshop participants, and consultants; analyses of national, state, and local surveys; and results from 220 interviews with parents and 87 interviews with service providers. Section 1 provides an overview and details the organization of the study, while Section II presents research results in terms of demographics and basic findings for both the parent survey and the service provider survey. Factors (e.g., support for parents, time factors, communication issues) which affect the transition process are identified. Section III details the resulting recommendations in terms of rationale, literature review, transition needs assessment project results, and recommended strategies. There are six recommendations: (1) evaluate current transition practices; (2) assist parents in accessing support; (3) establish timeline for transition activities; (3) delineate channels of communication; (5) prepare for, plan, and implement the child's assessment and subsequent placement; and (6) evaluate the transition and conduct followup activities. Workshop format and handout materials are appended. Includes 86 references. (DB)

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TRANSITION NEEDS ASSESSMENT

FOR

YOUNGER SPECIAL EDUCATION STUDENTS

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TRANSITION NEEDS ASSESSMENT

FOR

YOUNGER SPECIAL EDUCATION STUDENTS

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SECTION I

OVERVIEW AND ORGANIZATION OF THE STUDY

This paper is the final report for the research study entitled "Transition Needs Assessment for Younger Special Education Students". The Illinois Council on Developmental Disabilities provided funding for the project, which was conducted over a two year period, from 1987 to 1989.

PROJECT GOALS

There were two major goals established for this project. The **first goal** was to obtain data and information regarding current transition practices in Illinois for preschool children with special needs. This population included both those children who were identified as having developmental disabilities and those who were at-risk of developing such disabilities. Two transition ages were examined: the transition at age three, which occurs as the child leaves a birth-to-three program and enters a preschool program; and the transition at age six, which occurs as the child leaves a preschool program and enters a kindergarten or primary program. The **second goal** of the study was to analyze the needs assessment data and to provide recommendations for a coordinated system of transition for younger developmentally delayed and at-risk children under the age of six who have special needs.

Project goals were accomplished through four methods. 1) The body of relevant research literature on transition was reviewed and distilled in order to establish a theoretical framework for developing the interview instrument and recommendations. 2) Recommendations from advisory board members, consultants, and workshop participants were utilized for planning the research methodology for the study and for developing the interview instrument. 3) Analyses of national, state, and local surveys were conducted in order to establish the need for transition services. 4) The results from over 300 individual interviews conducted with parents and service providers were analyzed to determine current transition practices in Illinois, the need for transition services, and recommendations for a coordinated system of transition.

OUTLINE OF THE REPORT

The final report is presented in three sections. Sections I and II provide the background, methodology, and statistical results of the study. Section III contains recommendations for developing a coordinated system of preschool transition, and was written to be distributed as an independent chapter for administrators, service providers and parents who are involved with preschool children who have special needs. An outline of the three sections is presented on the following page.

Section I - Introduction: Overview of the project; organizational need for the project; and methodology.

Section II - Results: Demographics of the research population; analyses of the following four factors which affect the transition process: 1) support for parents, 2) time factors, 3) communication issues, and 4) testing and placement issues.

Section III - Recommendations: A six-step model for developing coordinated transitions; dissemination of project results; implications for future research.

DEFINITIONS: KEY TERMS

Transition. Transition, as it is defined in the Early Intervention State Plan for Illinois, is "the movement from one service component or program to another" (Illinois State Board of Education, 1986, p. 7). The Transition Needs Assessment (TNA) research project utilized this definition for explaining transitions to workshop participants and interviewers. After reviewing the transition literature and analyzing the results from the surveys, an expanded view of transition was considered. Healy, Kesse and Smith (1987) stated that "'transitioning' refers not to one element of service but to the repeated passage of the child and family from one set of service circumstances to another" (p. 88). Williams (1988) described transition as a continual process occurring throughout the individual's life span. These broader definitions emphasize the ongoing nature of the transition process in the lives of children with handicaps and their parents.

Developmental Disabilities. In this research study, the term "developmental disability" is used as it is defined under Public Law 95-602. This law states that a developmental disability . . . "means a severe, chronic disability of a person which:

1) Is attributable to a mental or physical impairment or combination of mental and physical impairments,
2) Is manifested before the person attains age 22,
3) Is likely to continue indefinitely,
4) Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, and economic sufficiency, and
5) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of life long or extended duration and individually planned and coordinated." (PL 95-602)

Children At-Risk for Developing Handicapping Conditions. The term "at-risk", as it is used in the TNA project, means "at risk for developing handicapping conditions." Three specific categories for risk were first developed by Tjossem in 1976. Although the categories were presented separately, Tjossem stated that they were not mutually exclusive.

These are the same three risk factors for young children which are identified under the Illinois Early Intervention State Plan (Illinois State Board of Education, 1986).

1.1 **Established risk** will be determined for infants and young children by diagnosed medical disorders of a known etiology bearing relatively well known expectancies for developmental outcomes within these varying ranges of developmental disabilities.

1.2 **Biological risk** will be determined for infants and young children with a history of prenatal, perinatal, neonatal or early developmental events suggestive of biological insults to the developing central nervous system and which either singly or collectively increase the probability of developing a disability based on a medical history.

1.3 **Environmental risk** will be determined for families and their infants or young children who are considered biologically sound, but whose early life experiences including maternal and family care, health care, nutrition, opportunities for expression of adaptive behaviors and patterns of physical and social stimulation are sufficiently limiting to the extent that they impart high probability for delayed development. [By appropriate assessment which will include but not be limited to: 1) family needs inventory, 2) social history, 3) observation of parenting skills, 4) maternal/infant risk index or 5) child assessment by a standardized tool.] (p. 10)

The TNA research project focused on children who were considered to be at established and biological risk by the above criteria. Young children who were classified as being at environmental risk, and those who were "academically at risk" were not included in this study. Since Head Start programs presently allocate 10% of their placements for children with handicaps, those children who had been identified as "handicapped" and who were served in Head Start programs were included in the potential population sample. Those children who were served in Head Start programs and who would be classified as "academically at risk" were not included in the population pool for this study.

ORGANIZATION AND PLANNING

There was a six month preliminary planning stage before the project began in July, 1987. During this stage, the Project Director met regularly with the Research Statistician and the Regional Director to refine the design and methodology for the study. Parents of children with special needs were also consulted during this time in order to include parental input from the earliest planning stages.

An established timeline was followed once the project began. Planning activities were then conducted through meetings and consultations with the:

1) Advisory Boards
2) Workshop Participants (Parents and Service Providers)
3) Research Statistician

4) Regional Director
5) Bilingual/Bicultural Consultant
6) Survey Instrument Consultant

1. Advisory Boards. Two advisory boards were formed, one in the Northern Region and one in the Southwestern Region. Advisory board members included parents of young children with special needs, service providers, administrators, university faculty from the areas of Early Childhood Special Education and School Psychology, the Research Statistician, the Bilingual/Bicultural Consultant, consultants from the Illinois State Board of Education, graduate research assistants, and the grant monitor from the Illinois Planning Council. Meetings were held in both regions during the month of September, 1987. At the advisory board meetings, participants discussed transition, solutions to the problems encountered in transitions, and suggestions for items for inclusion on the survey questionnaires. As a follow-up to these meetings, advisory board members were asked to review and provide written feedback on the workshop agendae, and on the working draft of the survey instrument. Additional advisory board meetings were held in both regions in May, 1988, for purposes of summarizing the progress of the project to date and to share preliminary results from the surveys. Advisory board members were presented with preliminary data from the research project and were asked for their suggestions regarding dissemination of the findings.

2. Workshop Participants. The workshops were designed to bring together parents and professionals to discuss transition issues and to plan for the development of survey questionnaires. Four workshops were held during the Fall of 1987; two were held in the Northern region, and two in the Southwestern region. Workshops were held in both daytime and evening hours in order to attract fathers and working parents whenever possible. To familiarize them with the project, parents were sent a summary of the project before they attended the workshops. The workshops were structured to elicit information about transition issues, including the emotional impact of transitions on the family. These workshops provided parents and service providers the opportunity to speak openly and freely to each other about their concerns. The workshops were organized to include both structured and informal activities. The workshops began with an informal social period followed by lunch or dinner, and then proceeded to structured activities, which were followed by an informal discussion period. The Directors and the Research Statistician analyzed both the written comments provided by workshop participants, and the notes on the proceedings taken by the graduate research assistants. The results of the analyses from the workshop proceedings were used as one component for developing the survey questionnaires.

3. Research Statistician. The Project Director and the Research Statistician, Kathleen Carlson, Ph.D., met weekly for six months before the project began in order to set up the parameters of the study; design the questionnaires to be sent to the states, cooperatives, and potential sampling sites; devise sampling techniques; and determine appropriate statistical measures for analysis of the data. Dr. Carlson attended the Advisory Board meetings and one workshop in order to gather first-hand information about the concerns of parents and service providers. Throughout the project, the Research Statistician and the Project Director met on a regular basis to establish the procedures for data analysis and to discuss the data as it was collected and analyzed.

4. Regional Director. The Project Director and the Regional Director, Emily J. Krohn, Ph.D., consulted before the project began to plan the incorporation of the Southwestern region into the research project. During these meetings, the directors discussed sampling issues, and planned the format for the advisory boards and workshops. Each director attended a workshop in the other's region during the Fall of 1987. Throughout the study, the Project Director and the Regional Director consulted to coordinate the project within the two regions.

5. Bilingual/Bicultural Consultant. The Project Director and the Bilingual/Bicultural Consultant, Raquel Reyes, M.A., met frequently to plan methods for encouraging participation of the Hispanic community in the project. In order to assess the needs of the parents from the Hispanic community, the Bilingual/Bicultural Consultant ran one workshop simultaneously in Spanish for eight Hispanic parents while the Project Director conducted the workshop in English for the other project participants. Ms. Reyes also provided translations of letters, forms and the survey instruments for Hispanic parents. She scheduled appointments and administered the survey questionnaire in Spanish whenever appropriate, and accepted responses in both English and Spanish from parents who were bilingual.

6. Survey Instrument Consultants. The Survey Instrument Consultant, Robert Russo, Ph.D., met with the Project Director and the Regional Director in the Fall of 1987 to discuss development of the survey instrument. Additional consultations were held as the survey instrument was developed and refined. Dr. Russo's graduate assistant, David Jones, was responsible for training all of the field assistants in both regions in the interviewing techniques used in the TNA project.

NEED FOR AND RELEVANCE OF THE PROJECT

In order to determine the need for establishing transition services, survey information was obtained from the following sources:

* Special education directors in each state and territory in the United States
* Special education directors in the 90 Cooperative Special Education districts in Illinois
* Service providers (N = 87) responding to the TNA project surveys.

The results from these surveys are presented below.

NATIONAL SURVEY

The 50 United States and 7 Territories were surveyed to determine how many of them were mandated to serve preschool children with handicaps under the age of six, and to request information about their current transition policies. (See Section I Appendix for results of service delivery by chronological age.)

Fifty-seven surveys were mailed in October, 1987. Through repeated mailings and follow-up telephone calls, a 97% (55/57) response rate was obtained. Survey results indicated that only 15 of the states and territories, or 27% of those who responded, currently have a system of transition for preschool children with special needs. Forty states and territories, or 73% of those who responded, indicated that they did not provide a recommended system for transitioning preschool children with special needs. Each state and territory responding to the questionnaire requested a copy of the results from this research project, indicating a desire for more information about transition practices. The results of these surveys demonstrate a definite need for the development and implementation of transition policies at the national level.

ILLINOIS SURVEY

The 90 special education cooperatives in the state of Illinois were surveyed to determine whether or not they provided recommended transition systems for preschool children with special needs in their cooperatives. Surveys were mailed to 90 cooperatives during October, 1987. After repeated mailings and telephone calls, responses were obtained from 73 of the 90 cooperatives, for a response rate of 81%.

Thirty-nine of the responding cooperatives (52%) indicated that they had a recommended system for conducting preschool special education transitions. Thirty-four of the responding districts (48%) indicated that they did not have a recommended system for preschool special education transitions.

Therefore, in Illinois, a state which returned the state director's questionnaire indicating that a recommended system of transitioning preschool children with handicaps was provided, only half of the cooperatives across the state had established transition systems. These results indicate a need for additional information regarding transition, and a need for reaching the administrators and service providers in Illinois regarding suggested practices for transitioning preschool children with handicaps.

If the results from the Illinois survey are representative of the other 14 states which indicated that they currently provided a system of transition, only half of the districts in those states would actually utilize a transition system. Thus, transition services would be provided to even fewer children than indicated by the national survey.

TNA SERVICE PROVIDER SURVEY

This survey differed from the national and state surveys because it was administered during individual interviews, not as a mailed questionnaire. Eighty-seven service providers were interviewed for the TNA study. When asked to indicate if they saw a need for a structured transition process for younger special education students, 94% responded that they did. When asked if they knew of any services which were specifically designed to help parents and children with these transitions, 53% responded that they did, and 47% responded that they did not. Although the vast majority of service providers who participated in the study saw a need for transition services, only half of them knew of any available programs to help them provide a structured transition.

This data is congruent with the data received from the Illinois cooperatives across the state. Approximately half of them did not have a transition system, and approximately half of the TNA Service providers did not have resources and information to help them establish a structured transition program.

METHODOLOGY

The research design, methodology, and statistical analysis for the TNA study were planned and executed through consultation between the Research Director and the Project Director. The Grant Monitor from the Illinois Planning Council also participated in planning the research design and methodology. The methodology section includes five components: 1) the methods used for the review of the literature; 2) the selection of the populations for inclusion in the study; 3) population sampling procedures; 4) development of the survey instrument; and 5) methodology for the evaluation and interpretation of both quantitative and qualitative data collected from the surveys.

REVIEW OF THE LITERATURE

The procedure implemented for the review of the literature included a computer search (ERIC, CIJE, and Child Development Abstracts) and a manual index search from 1980 to the present. Descriptors search included "transition", "developmental disabilities", "mental retardation", "kindergarten", "preschool early education", "access to education", "case management", "interdisciplinary approaches", "early intervention programs", and "parents". After the research literature generated by the computer and manual searches was reviewed, the reference sections of relevant articles were used to obtain additional reference sources on preschool special education transitions.

Historically, the earliest references to transitions for children other than "typical preschoolers" were the Head Start transition guidelines, which were developed in 1965 (Livingston, 1987). In 1981, Hutinger reported the results of a task force organized by the Illinois State Education Agency to recommend preschool transition practices for special education. However, the majority of relevant references used in the literature review were dated from 1985 to the present.

The literature search for the TNA study located three important sources of information on transitions and their effects on families. First, The National Early Childhood Technical Assistance Development System (NECTAS) in Chapel Hill, North Carolina, provided references and summaries of federally funded preschool transition research projects. These project reports were comprehensive,and contained additional relevant bibliographic materials (Contact person: Joicey Hurth, (telephone: [919] 962-2001). Second, an entire issue of the Journal for the Division of Early Childhood, (Volume 12, Number 2, 1988), focused on transition issues and the results from transition research studies. Third, Mr. Chet Brandt, Director of the Birth-to-Three Clearinghouse in Illinois, augmented the reference list with notices of current publications from the literature search on preschool transitions which he conducted for this project.

Relevant research findings from the literature review will be presented in Section III of this report. These findings will be integrated with the research results from the current study in order to provide a comprehensive six-step plan for conducting preschool special education transitions.

POPULATION SELECTION

Geographic Regions. The request for proposal for the TNA project required that preschool transitions be investigated in at least two separate regions in Illinois. In order to obtain a representative sample of parents and service providers, three locations were selected for inclusion in this study: 1) Urban Chicago; 2) Suburban Cook and Eastern DuPage counties; and 3) the Southwestern Region, which encompassed seven Illinois counties (Madison, St. Clair, Bond, Clinton, Washington, Randolph and Monroe) in the southwestern portion of the state. Thus, urban, suburban, and rural populations were represented in the sample drawn for this study.

Prevalency Estimates. In order to select a population of parents and service providers for inclusion in the study, several estimates of the numbers of preschool children who had developmental delays or are at-risk were considered. As an initial estimate, Peterson's (1986) Illinois prevalency study was used to provide prevalency figures. The estimates using Peterson's (1986) criteria were that 12% of the population of Illinois children between the ages of birth and five are considered to be at established and/or biological risk. This would comprise a population of 119,673 preschool children with special needs across the state. Projections for Cook County were that there are 60,764 children from birth to five years of age who need special education services. Projections for the Southwestern region indicated that there were potentially 6,184 preschool children who are handicapped or at risk according to Peterson's criteria.

After comparing these figures with actual child count figures from the Illinois State Board of Education for the numbers of three-to-six year old children served, the Project Director and the Research Statistician used the child count figures to establish prevalency. The use of the state's child count figures was more appropriate for this study since those children were actually receiving services and therefore had made preschool transitions.

Selection of Potential Sites. In order to further refine the estimates of the numbers of preschool children served in the target regions, and to provide a basis for developing a sampling frame, surveys were mailed to all identified schools and agencies serving birth-through-six year old preschool children with special needs in the target regions. The names and addresses of these facilities were drawn from four major sources:

1. The Directory of Early Intervention. Published by the Illinois Institute for the Study of Developmental Disabilities.

2. The Directory of Services: Communications and Procedures (1986). Published by the Department of Mental Health and Developmental Disabilities. (Regions 2, 5A, and select areas of Region 4)

3. Lekotek Parent Sourcebook (1984). Published by Lekotek in Evanston, Illinois.

4. Directory of Services for Handicapped Children and Adults (1979; 2nd Edition). Published by the Coordinating Council for Handicapped Children in Chicago, Illinois.

As a result of these inquiries, a current, updated list of facilities was established which consisted of all responding agencies, private schools, and public school districts. Two hundred sixteen questionnaires were mailed in October, 1987. After repeated letters and follow-up telephone calls, a return rate of 74% (147/199) was realized. (The initial mailing of 216 surveys was reduced to 199 due to duplications and the deletion of agencies and private schools which had closed since publication of the directories.)

SAMPLING PROCEDURES

Several levels of sampling were employed in the research design for the TNA study. In order to obtain a representative sample, traditional demographic measures and specific factors particular to this study were employed. The specific factors included the type of preschool program, the size of the program, and the location of the program.

The type of program was considered in order to provide a mix of public and private schools and agencies. The size of the program was considered in order to select representative numbers from both large and small facilities. The sampling procedure separated those facilities serving less than 15 children (small facilities) from those serving 15 or more children (large facilities). The location of the program was considered in order to obtain a representative sample of urban, suburban and rural facilities in the target regions. After consideration of these factors, programs were classified on sampling frame as to their type, size, and location.

Multi-Stage Cluster Analysis. Initial planning called for a form of random sampling known as a "multi-stage cluster analysis" of each of the three regions. Planning for the cluster analysis was done based on the results of the surveys returned from all the potential sites in the three target areas. The initial sample was from the population of programs serving preschool children with special needs in the target areas. The second sample was of individuals within these programs. A randomly selected cluster of individuals was drawn from each of the randomly selected programs. Specific instructions were sent to each of the participating facilities to provide direction for conducting the randomized selection process. No individual who had participated in the workshops was permitted to participate as a respondent to the surveys, in order to avoid "contamination" of the survey results by persons who had been involved in discussing project goals and instrumentation.

Regional Response to Sampling Procedures. The proposed multi-stage cluster sampling technique with complete randomization was accomplished in one of the three target areas. The Northern suburban public schools, and the private schools and agencies from the Northern region (both urban and suburban), followed the stringent sampling criteria.

In the Southwestern region, 12 agencies and school districts were contacted. Ten of these had been selected at random; two were contacted directly by the Regional Director when an insufficient number of respondents was produced from the randomized population. The lack of subjects was due to the unwillingness of four facilities to participate in the study.

Application was made to the Chicago Public Schools in November, 1987, for permission to conduct the TNA research study. Permission to contact the superintendents and principals was granted in June, 1988. At that time, all schools were in the process of recessing for summer vacation, and thus did not provide assistance in locating parents and service providers. However, after consultation with the Superintendents, the Project Director contacted the principals of 44 schools which were thought to provide summer

programs for special needs preschool children. Thirty-one schools agreed to participate in the study. Seven schools were not appropriate, in that they did not serve preschool handicapped children in summer school. Four principals were not able to participate in the study, and in two schools, repeated telephone calls were not returned. The Project Director was informed that randomization would not be possible because of a lack of personnel available to follow the randomization procedures.

Chicago Board of Education regulations prohibit direct mail or telephone contact with parents for the purposes of conducting a research study. Therefore, flyers were printed and distributed to each participating school in order to establish a population sample. The flyers, printed in English and Spanish, contained a description of the project and a prepaid postcard to be returned if the parent wanted to participate in the study. Ten flyers were sent to each participating school, with the request that they be distributed to 10 children who had made a preschool transition. Four hundred flyers were sent to schools for distribution to children during the last week of June, 1988. In most cases, children were instructed to take the flyers home to their parents. In some cases, teachers gave the flyers directly to parents as they came to bring their children to school.

Forty-nine parents responded to the flyers, and all 49 parents eventually participated in the study. One hundred-fifty flyers were sent to the appropriate summer schools for distribution to service providers. Approximately three were sent to each school. Twenty-four service providers responded to the flyers; all 24 were interviewed. Therefore, the participants from the Chicago Public Schools were not obtained through the randomized sampling procedure, but through the methods outlined above. An additional 13 Chicago Public School parents were obtained through the randomized procedure used by the private schools and agencies in Chicago. These families had initially been served in the private agencies, but then had made a transition to the Chicago Public Schools.

Results of Sampling Procedures. After the sampling and scheduling was completed, interviews were conducted with 220 parents and 87 service providers. This constitutes the largest individually interviewed sample size in any of the transition literature reviewed for this project. Each survey was conducted in person, as a face-to-face interview, for a period of from 30 minutes to over one hour.

While the rigorous sampling procedure was not followed in all regions, and thus a degree of bias may have been introduced, there is always some bias in research studies of this kind. A population which is asked to participate in a study is known as a volunteer population. Whenever "volunteers" are called upon, there are sampling biases inherent in the study. Even when parents were randomly selected, they were free to decline to meet for an interview. However, the majority of parents contacted did agree to meet for an interview, citing that they wanted their experiences to provide information which could help other children making transitions. Once assured of confidentiality, the interviewees very poignantly described their feelings and experiences during transitions.

Another example of potential bias was introduced due to economic factors. Within the city of Chicago, lack of money for transportation was cited as a reason for declining the interview. With the permission of the Illinois Planning Council, Chicago parents in need of transportation funds were reimbursed for their expenses for public transportation.

Interview Locations. Interviews were conducted with parents in a variety of settings. An attempt was made to meet the parent in the center or school which had referred the parent to the study, since that would be a familiar location, and did not involve a home visit. Home visits were avoided whenever possible due to the higher research cost of sending a field assistant into the home, and to provide consistency for the study. Additional sites were found when the school or agency was not a feasible setting, as in the case of working parents or when distance was a problem. Restaurants, libraries, and even parks were used as sites. In 12 cases (out of 220), or 5% of the time, home visits were conducted in order to complete the survey.

Attempts were made to meet specific parental needs when conducting the interviews. Parents who worked during the day were met in the evenings, on Saturdays, or in some instances at their place of work during the lunch hour. When the schools were closed, two local libraries allowed the field assistants to use their meeting rooms as interview sites. If the parents wanted to bring children with them, this was encouraged by the field assistants who brought toys to occupy the children while the parent responded to the survey questionnaire.

DATA ANALYSIS

Two levels of data were obtained from the results of the surveys. Both quantitative and qualitative data were reviewed and analyzed. All computer entry and analysis was designed by the Research Statistician. Confidentiality was protected by assigning code numbers to participating centers and schools within the three regions. Parents' and service providers' responses were analyzed only by number, thus protecting the respondents' anonymity.

Quantitative Analyses. The surveys were constructed in order to provide quantitative analyses of parents' and service providers' responses. The parents' survey contained 70 quantitatively analyzed questions; the service providers' survey contained 60 of these questions. The surveys covered the following transition topics: age of child at time of transition; satisfaction with the new program; support for parents; communication issues; time factors, such as notification and waiting times; testing and placement issues; and demographic data. In order to conduct quantitative data analyses, respondents were asked to rate transition issues on a Likert-like 0-to-6 scale. Appropriate statistical analyses were performed on the data, including analyses of variance (ANOVA's), Pearson Product Moment Correlations, and Chi-square and T tests. Copies of the surveys may be obtained from the Illinois Planning Council on Developmental Disabilities.

The term "significant", as it occurs in the text of this report, refers to the outcomes of statistical decisions. The level of significance set for the data in this project is .05, a criterion commonly used in scientific research. When the term "significant" is encountered in this report, it usually means that one of the groups is responding in a different fashion than one or more of the other groups, and that this difference is not due to chance alone. Complete statistical references are cited in the Section II Data Appendices. The page

numbers cited in the Data Appendices refer to the page where that particular statistic occurs within the report.

Statistical analyses were conducted to evaluate several transition issues: how satisfied or dissatisfied parents and service providers were with current preschool transition practices; the need for transition services; and the generalizability of these findings across groups by location, transition age, ethnicity, marital status, and number of siblings in the family. To determine the satisfaction or dissatisfaction with current transition practices, basic descriptive statistics were used. These procedures included analyses of the mean scores, standard deviations, and other measures. Comparisons were made between parents' and service providers' responses whenever relevant.

A determination of the generalizability of the findings were made by ANOVA's and Chi Square tests which were performed appropriately on specific variables with regard to location and transition age. The issue of location was important in order to determine whether specific problems were experienced across all of the target regions, or whether certain variables were specific to definite geographic locations. The issue of transition age was examined on all variables to see if there were significant differences in parent and service provider responses based on the age of the child at the time of transition.

Qualitative Analyses. The surveys were constructed to gather both quantitative and qualitative data. The qualitative aspects of the survey included open-ended questions, and opportunities for reflection and additional suggestions at the conclusion of the interview. The parents' surveys included eight of these questions; the service providers' survey contained 10 of them.

Responses to the qualitative questions were recorded verbatim by the field assistants. The material was then entered into a computer and re-sorted according to geographic location. Careful analyses of these responses were conducted, relating these results to information from the literature review and to the results from the quantitative analyses. Selected qualitative responses from parents and service providers are presented in the Section I Appendix.

SUMMARY

This section of the report presented an overview of the TNA research project and the goals of the study. The results of project surveys documented the need for transition services on national, state, and local levels. Nearly three-quarters of the states do not have a recommended system for conducting preschool transitions. Furthermore, among the minority of states which do have such a system, there is evidence that many service providers in these states do not yet utilize the system, nor are they aware of it.

For example, in Illinois, a state which does have a recommended system for transition, nearly half of the districts surveyed for this project (73 of the 90 cooperatives in the state) reported not having such a system in place. Although nearly all of the 87 service providers interviewed for this study (94%) indicated that they saw a need for a

structured transition process, only half of them knew of any programs or information about establishing such a system. Therefore, although many service providers in Illinois and administrators at the state level across the country see a need for a clearly articulated transition process, only a minority of practicing service providers actually work with one.

The data gathered from this study will be integrated with the review of transition literature to present recommendations for developing a continuous, coordinated system of transition for preschool children with special needs and their families in Section III. The following portion of the report, Section II, presents the results of the study, including basic demographic data on the respondents and a summary of the quantitative and qualitative analyses of the survey data.

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SECTION II

RESEARCH RESULTS

The results section of this report is divided into two parts: the first part presents a description of the population sample and basic statistics from the parent and service provider questionnaires; the second part examines four factors which affect the transition process. The factors include: 1) support for parents during transitions; 2) time factors; 3) communication issues; and 4) testing and placement issues. Recommendations for developing a system of transition based on these results and from the review of the literature will be presented in Section III.

PARENT SURVEY RESULTS: DEMOGRAPHICS

Number. A total of 220 parents were interviewed for this study. Parents were selected in representative numbers from both the Northern and the Southwestern regions (see p. 8). Of the parents participating in the study, 183 were from the Northern region and 36 were from the Southwestern region. Of the 220 interviews conducted, 206 were conducted with the child's mother, or the female primary caregiver for the child. In 14 cases (6% of the total), the interview was conducted with the father or the primary male caregiver for the child.

Geographic Location and Type of School or Agency. The parents from the Northern region indicated that their children were being served in a variety of public and private schools and agencies. At the time of the interview, parents reported that their children were attending programs in the following settings:

Northern Region	Number of Parents	Percentage
Suburban Public Schools	84	49%
Chicago Public Schools	62	33%
Private Schools	30	15%
Private Agencies	6	3%
Other	1	<1%
Total	183	100%

The parents from the Southwestern region indicated that their children were attending programs in the following settings at the time of the interview:

Southwestern Region	Number of Parents	Percentage
Public Schools	32	86%
Private Schools	4	11%
Other	1	3%
Total	37	100%

Ethnicity. Parents were requested to inform the interviewer about the ethnicity of their children at the end of the interview. The method of data collection for this question was to present the parent with an index card which listed ethnic origins. The parent was requested to indicate the ethnic group(s) to which their child belonged. Results of the survey indicated the following ethnicities from the survey population: 9 Asians (4%); 27 Blacks (13%); 16 Hispanics (7%); 1 Native Americans (.5%); 164 Whites (75%); and 3 cases where the child's ethnicity was not reported. Mixed ethnicity was reported for 12 children.

Ethnicity as a variable was not found to affect any but two areas significantly. There was a significantly higher "contact score" for Blacks and Hispanics, than for Whites or Asians. This means that Blacks and Hispanics in this sample were accessing and seeing more professionals and seeking more support from family members, friends, and other parents than the other groups. One explanation for this significant finding is that those parents who were motivated to come for an interview may be those who know how to access the "system" to obtain help for themselves and for their children.

It is interesting to note that the number of potential help agents with whom parents had contact does not correlate with the amount of help they felt they received from those persons nor with a general satisfaction score. In other words, these parents were not necessarily more satisfied; they simply had more contact with professionals and other help-givers than other groups. The implications from these findings are discussed in Section III.

The other area which was affected by ethnicity was the "married versus single" variable. Significantly more Blacks were unmarried when compared to the other ethnic groups.

Marital Status. Parents were asked about their marital status in the last part of the interview. They were presented with an index card which read "Single - includes separated, divorced, or widowed" or "Married," and were asked to indicate to which group they belonged. The parents sampled for this study indicated that 81% of them were currently married, and 19% were single. This is a rather surprising statistic, in view of the high

divorce rate nationally, and because some research studies have shown a higher divorce rate among parents of children with handicaps.

There are several possible explanations for the high marital rate. One is that parents who have a spouse were willing and able to come to the interviews, although lack of a spouse was not given as a reason for refusing the interview. Another possibility is that this statistic does not show the numbers of parents who have remarried, and thus may have been divorced earlier.

Despite these tentative explanations, it is possible that the previous research statistics on divorce among families with children who have special needs are faulty and/or inflated, and that the TNA results and that the TNA results realistically reflect the actual marital rates among families with children who have special needs. Turnbull and Turnbull (1986) discuss the mixed research results on this topic and provide suggestions for recognizing parental needs in order to assist families of children with handicaps.

Current Age of Child. Parents were asked to state their child's age at the time of the interview. The average age was 5.8 years. Eighty-three percent of the children were seven years of age or younger. Therefore, the large majority of parents interviewed had experienced a recent preschool transition.

Siblings. Parents were asked how many siblings currently lived with their child who had special needs. The average number was 1.8 siblings. Sixteen percent indicated that the child had no siblings living at home at the time of the interview, 36% had one sibling, and 27% had two siblings. Twenty percent had three or more siblings at home.

In later data analysis, the number of siblings was found to interact significantly with several variables. The more children in the family, the less parents felt that the new placement was good for their child, and the less they felt that what they said at the IEP conference mattered. Also, there were significantly more children with handicaps and more single parents in the larger families.

One implication from this finding is that parents who have a child with handicaps and who are raising several other children at the same time may need extra support from service providers. Also, when parents have more than one child with a handicapping condition, as was the case in the large families sampled in this population, they may have had more occasions where they experienced difficulty with transitions.

Number of Children with Special Needs in the Family. Parents were asked if they had other children with special needs besides the one they selected for discussion regarding transition. One in five families (21%) indicated that they did have more than one child with special needs. The mean age of the other children with special needs was 7.2 years. The range in ages for these other children with special needs was from one year to 25 years.

Transition Age. Parents were asked to indicate the age(s) at which their children made preschool transitions. Data were analyzed according to the age of the child at the time of the transition, in order to determine if specific problems occurred more frequently at specific transition ages. Transition ages reported by parents ranged from transitions at one year to those at 21 years. The average age of the first transition was 4 years. In cases where the child had made more than one transition, parents were requested to discuss the most difficult transition.

When asked to identify the age at which their child had made a preschool transition, parents reported the following transition ages for the child they selected:

Age of Child at Time of Transition	Number	Percentage
Less than three years or at three years	86	39%
4 to 5 years	51	23%
6 to 7 years	60	27%
Unknown	23	11%

PARENT SURVEY RESULTS: BASIC FINDINGS

Satisfaction with the New Program. A satisfaction score was obtained by combining the parents' responses to three questions. These factors were also analyzed individually. Parents were asked whether they thought that the new placement was good for their child, whether the child was getting all the services needed in the new program, and whether the child liked the new program. Parents were requested to rate their agreement with the statement on a 1 (disagree strongly) to 6 (agree strongly) scale. The table below illustrates the parents' responses. Ratings of 1 and 2 were clustered as "disagree strongly," ratings of 3 and 4 were clustered as "in between" and ratings of 5 and 6 were clustered as "agree strongly." "N" equals the number of parents in each cluster. The percentages are reported parenthetically.

	Disagree Strongly N (%)	In Between N (%)	Agree Strongly N (%)
New placement good for child	19 (9%)	24 (11%)	172 (80%)
Child getting all services needed in new placement	47 (22%)	33 (16%)	133 (62%)
Child liked new program	13 (6%)	23 (11%)	175 (83%)

The majority of parents indicated that they found the new setting to be good for their child, and that the child liked the new program. To a lesser degree, parents felt that their child obtained needed services in the new environment. However, a substantial number (38%) of parents indicated that their child was not receiving necessary services in the new program.

Although the satisfaction ratings are generally positive, satisfaction scores for the new setting do not reveal difficulties which may have been encountered during the transition. Several parents indicated that the transition into the new program had been extremely difficult; however, once placed in the new program, their child adjusted well to the new setting.

The satisfaction measure which showed a significant difference based on the child's age at the time of the transition was the parents' perception of how much their child liked the new program. Parents of children making a transition at age three or younger rated their children as liking the new program significantly more than parents of children making transitions at age four, five, six or seven years.

Most Difficult Transition. In the event that their child had made more than one transition, parents were requested to select the most difficult transition for discussion in the survey. Of the 220 parents interviewed, 57 (26%) indicated that their child had made two transitions, and 15 (7%) indicated that their child had made three transitions.

When these parents were asked to select the most difficult transition, 16 chose the transition at age three, 21 chose the transition at age 6, and 19 parents selected other transitions, such as the transition from the hospital with a newborn leaving the Neonatal Intensive Care Unit, transitions at 18 months of age, and transitions which were necessitated by moving to a new neighborhood or to another area. On the whole, no single transition was identified as more difficult than another.

Location and Type of Agency. Data from the parents' surveys were analyzed with regard to the variables of geographic location and the type of school or agency involved in the transition. The analyses were performed in order to determine if parents reported similar transition experiences across the state and in different types of facilities. For example: Were specific geographic regions more or less successful in implementing transitions? Was one type of school or agency more vulnerable to transition problems?

In order to answer these questions, parents' responses were analyzed through classification into the following four groups: 1) North Suburban Public Schools (Cook and Eastern Dupage Counties); 2) Chicago Public Schools; 3) Private Schools and Agencies (almost all from the Northern Region - both urban and suburban facilities); 4) Southwestern Region Public Schools. (For further descriptions of these regions, see page 8 of this report.)

The analyses revealed that from responses to the parent surveys, there were no significant differences among the various locations and facilities. This was demonstrated through a series of analyses which compared the most satisfied (highest 20% of parent ratings) parent responses to the least satisfied (lowest 20%) responses on several measures. The results indicated that all types of facilities in all geographic locations served both satisfied and dissatisfied parents. In other words, "successful" and "poor" transitions were found in a variety of settings and locations. The problems reported by parents making transitions were therefore not location or agency specific for this population sample. Thus, further analyses were conducted to identify those factors which contribute to positive and negative transition experiences. These four factors are presented in the last part of this section of the report, after the results from the service provider surveys.

SERVICE PROVIDER SURVEY RESULTS: DEMOGRAPHICS

Number. Eighty-seven service providers were individually interviewed for this study. A representative sample of service providers was drawn from the Northern and Southwestern regions.

Geographic Location and Type of Agency. Of the service providers participating in the study, 72 were from the Northern region, and 15 were from the Southwestern region. Service providers were working in a variety of settings at the time of the interview. In the Northern region, 17 service providers were from suburban public school systems, 24 were from the Chicago Public Schools, and 31 were from agencies and private schools. In the Southwestern region, ten service providers were from the public schools, and five were from agencies and private schools.

Present Position. When asked to describe their current position, 37 (43%) of the service providers indicated that they were teachers. Ten speech therapists, nine social workers, and eight administrators were evenly represented at about 10% each of the total population. Five occupational therapists, three case managers, two psychologists, one counselor and one physical therapist participated in the study. Ten respondents were included in a category called "other." These service providers included consultants (4), Lekotek leaders (3), a parent interactor (1), a parent-infant educator (1), and a mental health therapist (1).

Populations Served. The 87 service providers interviewed for this study were asked which populations of children with special needs they served and if they served the parents of these children. The four major categories included: 1) the birth-to-three population; 2) parents of children birth-to-three years old; 3) the three-to-six population; and 4) parents of children three-to-six years old. Thirty-six respondents indicated that they provided service to children with special needs from the ages of birth-to-three years and; 39 respondents served the parents of the birth-to-three age group. Seventy-one respondents indicated that they served the three-to-six year old population; 56 service providers served the parents of the three-to-six population. A few service providers did not fit into the birth-to-three or three-to-six age categories; some served children who were slightly older than six (primary school children) and others served older persons with special needs in addition to preschool children.

Transitions: Current Position. Service providers were asked if they served children who were making transitions out of a birth-to-three program into a preschool program, and/or if they worked with children who were making transitions out of a preschool program into a primary setting. Service providers' responses were probed to determine if they were involved as either "senders" or "receivers" in these transitions. Eighty-four percent of the service providers responded that they were involved with the transition at age three; 88% indicated that they were involved with transitions at age five or six. Therefore, the majority of service providers in this study had experience with transitions at both ages.

Estimation of Transition Times. Service providers were asked to indicate the ages at which they thought children identified as "at-risk" or those with developmental delays usually made transitions. Two major transition times were identified; age three and age five or six. Fourteen service providers (16%) mentioned other transition ages. "Other" responses included ages one, one and one half, two, two and one half, eight, thirteen, and twenty-one years of age. Service providers also noted the significance of transitions from the hospital setting and those which occurred each time the family moved.

SERVICE PROVIDER SURVEY RESULTS: BASIC FINDINGS

Differences in Transition Based on Age. Service providers were asked if they thought that there were differences in the transition process when it occurred between preschool and the primary setting as opposed to the earlier transition from the infant program. Eighty-four percent said that they thought there was a difference between these two transitions.

When asked to elaborate, service providers indicated the following perceptions about the transition at age three: "This transition is always the hardest for the child and the parent because it is the first transition which takes the child away from the parent and thus diminishes the parent's role in their child's education"; "there are often time delays in obtaining service for three year old child, whereas in the later transition this is not the case"; "it may be harder to go from non-public to public school settings"; and, "there is more anxiety around this transition because while birth to three programs emphasize language, motor, and social skills; later, there are academic concerns." The later transition into the primary setting elicited the following comments: "once the child is 'in the system,' transitions may be easier"; "although parents have experienced special education and have some understanding about what it entails, they may be more concerned because their child is now in special education at grammar school age"; and, "the child at this transition age may understand more and can have the transition process explained to him or her, thus making it easier for the child."

Difficulties for Service Providers in the Transition Process. Service providers were asked if there were any aspects of the transition process which were difficult for them. Eighty-three percent of the service providers indicated that they felt there were stresses on the service provider during transitions, citing the following difficulties: "bureaucratic delays in processing information"; "a need for better communication with the schools the children will attend"; "attachment and separation issues," "losing the child and parents to a new agency" (which was mentioned by one-third of the sample); their "role as advocates for children"; "frustration"; "a need for more time to plan the transition"; "problems with second-hand assessment information"; "excessive paperwork"; "helping parents deal with their feelings"; "scheduling difficulties"; and, "not having their opinion respected."

Location and Type of Agency. Service providers were asked to rate the quality of the communication which typically occurred between their school or agency and the sending and receiving agencies during transition. The responses were analyzed as they pertained to transitions at two points: 1) from the birth-to-three program into preschool; and 2) from the preschool into the primary setting. The facilities were classified in the same way as those from the parent survey (see page 21).

Analysis of the service providers' responses indicated that several communication issues between "sending" and "receiving" schools and agencies were shown to vary

significantly by location and type of agency. Significant differences by location were found on the following variables:

1. Notification of staffing and IEP meetings
2. Representation of sending schools at IEP meetings in the new environment
3. Follow-up conducted by "sending" agency or school
4. Parents' opportunity to discuss concerns before transition
5. Information sent/requested from one program to another
6. Explanation of new setting to parents
7. Knowledge of transition services

The geographic locations where significant differences were observed are identified in the following chart. The chart indicates the results of statistical analyses performed to determine significant interactions among geographic regions. The (+) sign indicates a significantly higher score; the (-) indicates a significantly lower score when compared to responses from other regions. "NS" means that this factor was not significantly affected by geographic location.

Analysis of the chart reveals higher positive communication scores in the Northern Public Schools than in the Southwestern, Private or Chicago Public Schools. Exact mean scores and statistical results are presented in the Section II Data Appendix.

This section of the report presented demographic data and basic findings from parents' and service providers' surveys. The next section will present four factors which affect the transition process and conclusions from analyses of those variables.

FACTORS WHICH AFFECT THE TRANSITION PROCESS

INTRODUCTION

Four factors which affect the transition process were identified from the results of TNA project workshops and analyses of the survey data. Each of the following factors will be presented separately and discussed from both parent and service provider perspectives: 1) support for parents during transitions; 2) time factors; 3) communication issues; and, 4) testing and placement issues.

SUPPORT FOR PARENTS

Parents and service providers who participated in the workshops indicated that transitions were a stressful time for families of children with special needs, and that parents often needed extra support and assistance during a transition. When asked to name those persons who might provide support to parents during transitions, participants generated a list of 18 potential helpers, which was included in the survey questionnaires. Survey

respondents were in effect asked two questions about each helper: 1) In their experience, did parents have contact with this person during the transition; and 2) If parents had contact with this person, how helpful was that person to the parents? Thus, parents' and service providers' responses were analyzed according to a "contact score", and a "helpfulness score".

Parent Survey Results. The parents rated the 18 potential helpers as to the amount of contact and the degree of helpfulness they received from these helpers during their child's transition. Potential helpers on the list included professionals, paraprofessionals, family members, other parents, and friends.

If the parents had had contact with these persons, they were told to select a number on a scale from 1 (no help at all) to 6 (very helpful) to indicate how helpful these persons had been to them during the transition. If the parents had not had contact with these persons, they were asked to indicate this by a rating of "zero." Zero ratings were not included when establishing mean scores. The results of the parents' responses are presented below.

HELPFULNESS SCALE RESULTS - PARENTS

HELPFULNESS SCALE SCORE MEAN (How helpful this person parents on a 1 to 6 scale) 1 (Least) TO 6 (Most) Helpful	PERSON(S) HELPING	CONTACT SCORE (Percentage of parents who was to the had contact with this helper)
4.7	Teacher - Old Program	99%
4.6	Teacher - New Program	93%
4.6	Speech Therapist	85%
4.5	Classroom Aides	83%
4.4	Family Members	94%
4.3	Bus Driver	81%
4.3	"Testers"	90%
4.3	Case Manager	56%
4.2	Physical Therapist	63%
4.2	Occupational Therapist	66%
4.0	Administrators	93%
4.0	Friends	89%
3.8	Counselor	44%
3.7	Social Worker	79%
3.7	Psychologist	82%
3.4	Medical Doctor	72%
3.4	Other Parents	68%
3.1	Nurse	63%

Contact Ratings. An important finding from the analyses of these ratings was that the parents' evaluation of the helpfulness of these persons was not significantly related to the number of help agents with whom they had contact. Mere "contact" with professionals was not related to any other measures. This was also demonstrated in a series of correlation analyses in which the number of help agents with whom parents had contact and their average rating scores on eight other variables were examined. The eight variables included: helpfulness (what degree of assistance the helpers provided); communication issues; satisfaction with the new program; and time issues.

Analysis of the data by geographic region revealed that from responses to the parent survey, there were no significant differences among variables of helpfulness, time, communication, and satisfaction in the three areas of Illinois which were included in the study. In some instances, there were differences in the "contact score" which varied significantly by location. For example, the overall finding was that parents from the Southwestern region had less contact overall with the help agents than parents from the Chicago region. This finding might be due to difficulty in accessing professionals in a rural area, or to the greater availability of services in the more populated metropolitan regions.

Helpfulness Ratings. Parents' perceptions of the helpfulness of various agents indicated that parents had a high need for support during transitions, and that they found effective help from several sources. There was no single help agent identified who was found to be uniformly beneficial to all parents. Selection of effective helping agents was revealed as a highly personal choice which varied depending on the parents' needs. However, some agents received higher ratings on the whole than others. For example, teachers, speech therapists and classroom aides were found to be more helpful than social workers, medical doctors, psychologists, nurses, and quite surprisingly, other parents.

Most Satisfied - Least Satisfied Parents on the Helpfulness Ratings. When the 20% most satisfied respondents were compared to the 20% least satisfied respondents on the helpfulness items, the following picture emerged. The most and least satisfied parents on the helpfulness scale did not differ significantly on measures of ethnicity, the number of siblings in the family, whether or not they were married, the number of special children in the family, or on waiting times for tests and/or placement. This coincides with the earlier finding that parental experiences in the transition process cannot be predicted on the basis of surface variables such as location, nor even on issues such as waiting for assessment and placement. Instead, there appears to be a dynamic operating which has to do with the parents' perceptions and reactions to those helpers with whom they had contact. Issues pertaining to communication appear to be critical in this respect, and this area will be covered in greater detail in the third section of this report.

Service Provider Survey Results:

Support for Parents from the Service Providers' Perspective. Service providers were asked to rate their impressions of the 18 helpers' assistance to parents during transitions. They were given the same scale (1 to 6 - least to most helpful; "zero" for no contact), and the same instructions as the parents. The results of the service providers' ratings as they compare to the parents' ratings are presented in the following charts.

SERVICE PROVIDER HELPFULNESS RATINGS COMPARED TO PARENT RATINGS

MEAN HELPFULNESS SCALE SCORE		PERSON(S) HELPING	CONTACT SCORE	
Service Providers	Parents		Service Providers	Parents
5.5	4.7	Teacher - Old Program	99%	99%
5.0	4.3	Case Manager	75%	56%
4.9	3.7	Social Worker	98%	79%
4.8	4.6	Speech Therapist	99%	85%
4.6	4.6	Teacher - New Program	92%	93%
4.4	4.4	Family Members	94%	94%
4.3	3.4	Other Parents	99%	68%
4.3	4.2	Physical Therapist	86%	63%
4.2	3.7	Psychologist	94%	82%
4.2	4.2	Occupational Therapist	91%	66%
4.2	4.5	Classroom Aides	90%	83%
4.1	3.8	Counselor	74%	44%
4.0	4.3	"Testers"	97%	90%
3.9	4.0	Friends	90%	89%
3.7	4.0	Administrators	98%	93%
3.6	4.3	Bus Driver	86%	81%
3.5	3.1	Nurse	79%	63%
2.8	3.4	Medical Doctor	76%	72%

Comparison of Parent and Service Provider Ratings

The findings which emerged after careful analysis of these data indicated that service providers did not have accurate opinions about the experiences parents had had in seeking help from various agents. For example, service providers underestimated the relative importance of teachers from the new program, whom parents saw as being second in helpfulness only to the teacher from the old program.

The average rating of service providers was higher than that of the parents for both the old and the new teachers. In other words, parents did not place as much absolute importance on the old and new teachers. Instead, the parents' ratings were spread out to give more importance to other individuals whom the service providers did not see as

important to the parents. However, when ranked all together, the two teachers were of the most help to the parents, and the teacher in the new program was more important to the parents than the service providers' responses indicated.

Parents gave more importance to bus drivers (ranked sixth) and others than the service providers realized. Service providers also overestimated the role of social workers, case managers, and other parents. For example, nearly three-quarters of the service providers believed that the social workers would be very helpful but less than half of the parents agreed with this opinion. These and other findings are clearly detailed in the following chart.

PARENT AND SERVICE PROVIDER HELPFULNESS RATINGS

	Not Helpful		Somewhat Helpful		Very Helpful	
	Parents	Service Providers	Parents	Service Providers	Parents	Service Providers
*Social Worker	31%	(7%)	27%	(22%)	42%	(71%)
*Other Parents	40%	(18%)	26%	(27%)	34%	(55%)
*Teacher from Old Program	16%	(1%)	17%	(12%)	67%	(87%)
Teacher from New Program	13%	(13%)	25%	(25%)	62%	(62%)
Nurse	46%	(35%)	25%	(33%)	29%	(32%)
Medical Doctor	44%	(53%)	17%	(24%)	39%	(23%)
Psychologist	28%	(22%)	32%	(26%)	40%	(52%)
Administrators	25%	(26%)	25%	(40%)	50%	(34%)
*Bus Driver & Aides	21%	(33%)	20%	(27%)	59%	(40%)
People Giving Tests	18%	(21%)	26%	(29%)	56%	(50%)
Speech Therapist	13%	(9%)	25%	(24%)	62%	(67%)
*Case Manager	20%	(8%)	28%	(16%)	52%	(76%)
Friends	23%	(17%)	30%	(49%)	47%	(34%)
Family Members	15%	(11%)	29%	(36%)	56%	(53%)
Classroom Aides	14%	(19%)	28%	(30%)	58%	(51%)
Occupational Therapists	22%	(15%)	25%	(31%)	53%	(44%)
Physical Therapists	23%	(15%)	22%	(36%)	55%	(49%)
Counselor	31%	(20%)	18%	(27%)	51%	(53%)

*indicates significant difference between parent and service provider ratings

These differences of opinion among parents and service providers as to the relative helpfulness of various agents are important. Suggestions for empowering parents to select their own help agents will be given in Section III of this report.

TIME FACTORS

The timing of transition events was identified as important by both parents and service providers who participated in TNA workshops. Parents' and service providers' surveys were designed to evaluate the following time-related issues: advance notification of the upcoming transition; adequate time to understand transition information; and the length of waiting time for the child's evaluation and placement.

Parent Survey Results

Notification of Transition. Parents were asked the question: "How long before the change (transition) occurred did you know that a change was going to happen?" The average response from the parents' survey indicated that they had been informed about the transition approximately eight months before the transition took place. The range of responses was from less than one week to two years. When asked how long before the transition the parents would have liked to have known about the change in programs, the average response was approximately the same (eight months) with a range of responses from one week to three years in advance of the transition. The use of the "average" number of months in this instance may be misleading because there was such a wide variety of responses. For further information, a table summarizing the responses appears in the Section II Data Appendix.

Time to Understand Information about the Transition. When asked whether or not they felt that they had had time to think over and understand the information that they had been given about the transition, 85% of the parents responded "yes"; 15% responded "no". Although at first glance, this may indicate that only a small percentage of parents felt that they did not have adequate time to understand transition information, this factor proved to be relevant in subsequent analyses of the most satisfied and least satisfied parent respondents.

Waiting Lists. Another important factor in the timing of transition events is the amount of time a child may have to wait for an evaluation and/or for services to begin. These two issues were addressed separately in the questionnaire.

Waiting Lists for Testing. The majority of parents (70%) responded that there had been no wait for testing their child. However, there was a substantial number (63 parents or 30%) who reported a delay in testing their child. The range of waiting time varied from one week to one year. Twenty-three percent (23%) of the parents who had to wait reported waiting two months for testing; the average waiting time was two and one-half months.

Waiting Lists for Placement. When asked if there was a waiting period between the time their child was tested and the time the child started going to school, parents were evenly divided in their responses. Fifty percent said that they did not have to wait; and fifty percent said that they were required to wait. The average waiting time for placement after testing was three and one-half months. Responses ranged from "no wait", to four parents' responses indicating that they had to wait one year for placement.

Most Satisfied - Least Satisfied Parents on Time Factors. When the 20% most satisfied parent respondents were compared to the 20% least satisfied respondents on time factors, there were no significant differences when time issues were analyzed by the child's transition age, by geographic location, by ethnicity, or by helpfulness scores. However, there was a significant difference on whether or not the parents felt they had enough time to understand the information about the transition. Parents who felt they had had sufficient time were significantly more satisfied with the new placement, and had higher communication scores than parents who felt they did not have enough time.

Service Provider Survey Results. The service providers' survey contained questions relating to time factors which affect transitions from the service providers' perspective. Service providers also were questioned about the administrative aspects of scheduling a transition.

Notification of Transition. Service providers were asked " . . . how long before the child actually moves into the new program should the family begin to be prepared for the transition?" The average response was that notification should occur approximately six months in advance of the transition. The range of responses was from two weeks to two years.

When their responses were broken down by location, there were significant differences in the amount of time service providers thought parents needed to plan transitions. Service providers from the Chicago Public Schools and the Northern suburban public schools indicated that parents needed about four to five months advance notification to plan the transition. The private schools and the schools from the Southwestern region indicated that parents should be notified eight to nine months in advance of the transition. Several factors may account for these differences. The smaller private schools and agencies may need a longer planning time, because they are not affiliated with public schools. The Southwestern region may require a longer preparation time, due to anticipation of potential delays in some rural facilities in that area. Significant differences also emerged when this variable was broken down by the service provider's position. Administrators advocated a significantly longer time period for notification than teachers did. The average advance notification indicated by administrators was ten months, while teachers indicated an average notification time of five months.

Waiting Time For Evaluation. When asked if they thought that special children with special needs over the age of three often have to wait for an evaluation, 61% of the service providers indicated that they thought there was a waiting period for evaluation. When asked how long they thought parents usually had to wait for an evaluation, the average service provider's response was four and one half months. The range of responses was from one month to one year.

Waiting Time for Placement. Fifty-five percent of the service providers indicated that they thought parents had to wait for placement for their preschool children with special needs. The average waiting time according to the service providers was about three and one-half months. Responses varied from two weeks to one year.

Comparison of Parent and Service Provider Ratings. When statistical comparisons were made between parents' and service providers' ratings, there were no significant differences found between their perceptions of the amount of time needed for notification of the upcoming transition. There were no significant differences found between parents and service providers on how long they felt a child usually waits for placement.

Significant differences were found between parents' and service providers' responses on the issue of waiting for evaluation and assessment. Service providers indicated a significantly longer waiting time for testing (almost five months) and evaluation than parents did (two and one half). This difference may be due to the service providers' larger frame of reference, in that they see many children in transition each year; whereas parents have had experience with only one or two transitions for their child. According to the service providers' responses from this survey, children in Illinois are waiting for excessively long periods before evaluation. It is important to note that this finding was not significant with regard to geographic location, so it is a common factor in all regions sampled for this study.

COMMUNICATION ISSUES

The necessity for communication and common understanding among all parties involved in a transition was underscored by parents and service providers who participated in the workshops. The interview instruments were constructed to include communication items which measured communication on a personal level between parents and service providers, as well as communication issues which arise between various agencies during transitions.

Parent Survey Results. Parents rated their experiences in communicating with service providers and administrators during their child's transition on 15 variables. Parents were asked to rate their responses on a 1 (disagree strongly) to 6 (agree strongly) scale. In the following chart, the two lowest ratings (1 and 2 - Disagree Strongly) are compared to the two highest ratings (5 and 6 - Agree Strongly). The numbers in the middle indicate the middle ratings (3 and 4) and are described as "In Between."

COMMUNICATION SCORES - PARENT SURVEY

	Strongly Disagree		In Between		Strongly Agree	
	N	(%)	N	(%)	N	(%)
Felt there was good communication with schools about transition	48	(22%)	55	(25%)	116	(53%)
Found it easy to speak to schools about transition	41	(19%)	48	(22%)	130	(59%)
School and family worked together on transition	42	(19%)	41	(19%)	136	(62%)
Felt well-informed about the transition	38	(17%)	39	(18%)	142	(65%)
Knew what to expect	46	(21%)	54	(25%)	120	(54%)
Played a part in helping to plan transition	29	(13%)	33	(15%)	158	(72%)
Think that "sending" program shared information with "receiving" program	33	(15%)	38	(18%)	142	(67%)
Able to communicate in the language known best	12	(5%)	21	(10%)	187	(85%)
Felt there was follow-up from old placement in the new placement	69	(34%)	31	(15%)	102	(51%)
Rights as parent of special child were explained	31	(14%)	27	(13%)	159	(73%)
Choices about child's new program & placement were explained	43	(20%)	44	(20%)	130	(60%)
Knew who to contact at new setting to get things accomplished	29	(13%)	23	(11%)	166	(76%)
Had a chance to talk to other parents who had already made a transition	126	(60%)	24	(11%)	61	(29%)
Met new staff at new setting before the transition took place	45	(21%)	21	(10%)	151	(69%)
Think "sending" program got child ready for transition, so that child knew what to expect	41	(19%)	43	(20%)	130	(61%)

The mean score for all parents on all the communication issues was 4.5 on a six point scale, which indicates a slightly above average agreement score for the communication items. The majority of parents consistently indicated that they had good communication for all of the issues except one (having had the opportunity to talk with other parents who had made a transition). However, it is important to note that there are several areas where as many as one-fifth (20%) of the respondents strongly disagreed that there had been adequate communication regarding the transition.

Communication and Other Variables. Communication scores were compared to other score clusters to determine if there was a correlation between the communication items and these variables. There were strong correlations between communication and the helpfulness scores, finding the new placement good for the child, finding necessary services provided in the new setting, and thus scores indicating that the child liked the new program. Therefore, parents who reported strong, positive communication scores also tended to be very satisfied with the new setting.

Two communication ratings were revealed as transition-age related issues. Throughout the interviews, many parents indicated that they felt a need to talk with other parents who had already completed a transition. However, "talking with other parents" occurred significantly less often among parents of children making a transition at age six than at age three or younger. When asked if they felt they had "choices during the transition process", parents of children making transitions at age four and five indicated that they had significantly more options for choices than those parents whose children made transitions at age three or earlier, or at six or seven years of age.

Most Satisfied - Least Satisfied Parents on Communication Issues. A comparison was made between the most satisfied (highest 20% of respondents) and least satisfied (lowest 20% of respondents) parent scores. No significant differences in communication were found among the variables of: ethnicity; geographic region; the number of siblings in the family; and the number of children in the family with handicaps.

Those variables which showed significant differences between the most and least satisfied parents on communication scores were: whether or not they felt that they had enough time to understand transition information; and whether or not they felt that what they said at the IEP mattered. The most satisfied parents responded significantly more positively to these variables than the least satisfied parents.

Service Provider Survey Results. The service providers' questionnaire examined transition-related communication issues between the "sending" and "receiving" agencies or schools. The amount and type of communication that service providers had with parents also was evaluated. These variables were explored as they related to transitions made between birth-to-three programs and preschool settings, and also to the transitions made between preschool and primary settings.

Service providers were requested to respond to the communication questions on a six point scale. A response of "zero" indicated that the service provider had had no experience with the item. A response of "1" indicated that in the service provider's setting, the situation never occurred; a response of "6" indicated that the situation always occurred. When the situation occurred "sometimes," service providers were instructed to pick a number in between depending on how frequently or seldom that type of communication occurred.

The following table illustrates the responses from the service providers regarding various communication issues at the two different preschool transition points. Ratings of 5 and 6 were combined to indicate strong agreement with the item.

RESPONSES TO COMMUNICATION ISSUES: SERVICE PROVIDER SURVEY

	Birth-to 3 Into Preschool		Preschool Into Primary	
	Average Rating 1=Never; 6=Always (67 Respondents)	Percentage Strong Agreement	Average Rating 1=Never; 6=Always (66 Respondents)	Percentage Strong Agreement
Agency sends information to new setting	4.95	74%	5.41	83%
Agency requests information from previous setting	4.56	59%	4.57	61%
Agency uses assessment information from previous program	4.73	65%	5.06	79%
Agency notifies previous program of staffing	4.14	56%	3.89	52%
Agency sends representative to staffing in new program	4.45	65%	4.89	78%
Agency seeks follow-up information from new program	2.85	20%	3.11	21%
Agency uses standard transition procedure	4.37	59%	4.90	75%
Parents have opportunity to discuss transition concerns with current agency	5.47	88%	5.56	88%
Parents have had new program clearly explained	5.04	72%	5.20	73%

Overall, service providers rated communication as occurring slightly more often than not on all of the variables except the follow-up items. There were no significant differences revealed when all of the responses at the first transition point were compared to all of the responses at the second transition point.

However, subsequent analyses revealed significant differences when service providers' responses were compared. An analysis of paired responses (i.e., comparisons of the responses to both sets of questions made by the same service provider) revealed significant differences between the two transition points. The results of these analyses indicated significant differences on three variables. 1) Service providers indicated that the birth-to-three settings sent information significantly less often to the new placement than did the three to six settings. 2) They also indicated that the birth to three settings sent representatives to the staffing in the new setting significantly less often than the three to six settings. 3) Service providers indicated that the birth to three settings sought follow-up data significantly less often than did the preschool setting. In summary, the birth-to-three programs showed significantly less likelihood of communicating with the preschools on these variables than the preschools did at the later transition point. One explanation for this finding is that many birth-to-three programs serve children through independent agencies and it may be more difficult for these agencies to communicate with the public school system. From these results, it appears that once the child is "in the system" there is more communication between the sending and receiving programs.

Comparison of Parent and Service Provider Ratings. The responses to the communication questions from the parents' survey were compared to those from the service providers' survey whenever possible. The only significant difference found was in the parents' and service providers' responses to the question regarding follow-up. Parents thought that follow-up occurred significantly more often than service providers indicated, at both transition points. Service providers' responses showed the lowest ranking of all communication issues on this variable. From this data, it appears that although parents believed that follow-up was routinely taking place; service providers indicated that this occurs significantly less often than the parents believe.

TESTING AND PLACEMENT ISSUES

Parents participating in the advisory board meetings and workshops indicated that the most difficult aspects of the transition process were their child's assessment and evaluation, and the subsequent IEP meeting. Service providers also indicated that they had difficulty with assessment and placement issues. Several of their concerns were similar to those raised by the parents; however, they also focused on problems in interagency communication about assessment and placement.

Parent Survey Results

Assessment and Evaluation. The assessment and evaluation questions on the parents' survey asked parents to indicate whether or not they felt the testing experience had been a good one for their child, and whether or not they had had the results of these tests explained clearly to them. Ninety-two percent (92%) of the parents indicated that their child had been tested. The following table summarizes the parents' ratings of the testing and evaluation items (excluding the time-related issues, which were analyzed earlier in this section). Parents were asked to respond on the same scale (1 = disagree strongly, to 6 = agree strongly) which was used throughout the survey. In the following chart, the two lowest ratings (1 and 2 - Disagree Strongly) are compared to the two highest ratings (5 and 6 - Agree Strongly). The numbers in the middle indicate the middle ratings (3 and 4 - In Between).

ASSESSMENT ISSUES: PARENT SURVEY

	STRONGLY DISAGREE		IN BETWEEN		STRONGLY AGREE	
	N	(%)	N	(%)	N	(%)
Testing was a good experience for child	36	(18%)	56	(27%)	111	(55%)
Tests seemed fair	28	(14%)	46	(24%)	124	(62%)
Child tested in language best understood by child	16	(18%)	19	(9%)	167	(83%)
Test results clearly explained to parents	19	(9%)	26	(13%)	160	(78%)

The majority of parents indicated that they felt the evaluation and testing had been carried out in an appropriate manner. However, a number of parents (on the average, 24) indicated that assessment testing issues had been problematic for them. One-fifth of the parents felt that their child had not been tested in the language he/she knew and understood best; yet Hispanics and Asians only made up 11% of the total population, and many of these parents were completely bilingual. From parents' comments during the surveys, TNA interviewers concluded that this response indicated that many parents did not feel that the professionals explained things clearly to them or "spoke their language" in a figurative sense.

Placement. Questions on the survey regarding placement asked parents to indicate whether or not there had been a "planning meeting" (IEP) before the child was placed in the new setting. They were asked if they had attended the IEP meeting and specific questions about the manner in which the IEP meeting was conducted. Ninety-one percent (91%) of the parents indicated that there had been an IEP meeting for their child before they made the transition into the new program. The following chart illustrated the parents' responses to the questions about the IEP meeting.

IEP MEETING ISSUES: PARENT SURVEY

	YES		NO	
	N	(%)	N	(%)
Notified about the meeting before it took place	201	(99.5%)	1	(.5%)
Invited to the meeting	199	(98%)	3	(2%)
Meeting held at time parent could attend	194	(96%)	8	(4%)
Did parent attend meeting	196	(97%)	6	(3%)
Was "tester" at meeting	163	(84%)	28	(14%)
Able to ask questions at meeting	187	(95%)	9	(5%)
People at meeting used language parents know and understand best	190	(96%)	7	(4%)
Felt what parent said mattered (significant) at IEP meeting	153	(78%)	42	(22%)

The results from the evaluation and placement sections of the questionnaire were generally positive, with the exception of the question asking parents if they felt what they said at the IEP meeting mattered. This question was sensitive to the helpfulness, communication, and satisfaction scores discussed earlier in the report.

Testing and Placement Results. The only issue found to be statistically significant was the one which indicated whether or not parents felt that what they said mattered in the IEP meeting. This was significant when broken down by both helpfulness and communication scores. No other statistically significant findings were revealed on the

other variables when analyzed by location, transition age, communication, or helpfulness scores.

Most Satisfied - Least Satisfied Parents on Testing and Placement Issues. When the 20% most satisfied respondents were compared to the 20% least satisfied parent respondents on the assessment and placement issues, the only significant variable identified was whether the parents felt that what they said at the IEP meeting mattered. The most satisfied parents indicated that their input at the IEP meeting was important to the professionals at the meeting. The least satisfied parents felt that their input was not regarded as important by those attending the IEP meeting.

SUMMARY

This section of the report presented basic demographic data on the survey respondents and statistical analyses of four research dimensions. Results from the TNA workshops and from 220 parent interviews and 87 service provider interviews were examined. Research variables included: geographic location; age of child at time of transition; marital status of the parent; ethnicity of the child; number of siblings in the family; number of other children with special needs in the family; satisfaction with the new program; helpfulness scores; time factors; communication scores; and issues involving assessment and placement.

Identification and analysis of the four research dimensions provided the foundation for Section III of the report which presents recommendations for developing a coordinated system of transition for preschool children with special needs and their parents.

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SECTION III

RECOMMENDATIONS

The third section of this report is the concluding section for this research study. This section is also presented as an independent chapter which summarizes the project findings and presents recommendations. The first two sections of the report presented the research design, population demographics, and statistical analyses of the "Transition Needs Assessment for Younger Special Education Students" project, which was funded by the Illinois Planning Council on Developmental Disabilities. The goals of the project were to assess the need for preschool special education transition services in Illinois, and to provide recommendations for developing a continuous, coordinated system of transition for the preschool population with special needs. The recommendations from the study are presented in this section. In order to avoid confusion when discussing results from different transition research studies, the acronym "TNA" (Transition Needs Assessment) will be used when referring to this project.

The following six sequential recommendations were developed from the review of the literature, recommendations from the TNA Advisory board meetings and workshops, and results from the 220 parents' and 87 service providers' interviews conducted for the TNA research project:

1. Evaluate current transition practices.
2. Assist parents in accessing support.
3. Establish a timeline for transition activities.
4. Delineate the channels of communication for parents and service providers.
5. Prepare for, plan, and implement the child's assessment and subsequent placement.
6. Evaluate the transition and conduct follow-up activities.

Each of the six steps will be reviewed individually, presenting the rationale for inclusion of the step, the recommended strategies for implementing the step, and a summary.

STEP 1 - EVALUATE CURRENT TRANSITION PRACTICES

RATIONALE

The first recommendation for developing a coordinated system of transition is to conduct an evaluation of the current transition practices in the school district or agency which is planning the transition system. This step is presented as the first one for parents and service providers to assess current transition practices before initiating plans to develop a comprehensive transition system for their facility. Conducting this evaluation early in the transition process also sets the stage for parents and service providers to work together as partners in developing an effective transition plan.

LITERATURE REVIEW

Several research reports and journal articles addressed the need for assessing parent concerns about transitions (Blair-Thomas et al., 1986; Fowler, 1988; Gerlock, 1985; Hains et al., 1988; and Hanline, 1988). Gallaher, Maddox, and Edgar (1984), developed a comprehensive "Transition Troubleshooting Guide" as part of their interagency transition model. The guide may be used as a needs assessment instrument to identify current transition problems within an agency. The authors also presented practical, effective strategies for resolving common transition problems.

TNA PROJECT RESULTS

Workshops. Four transition needs assessment workshops were conducted in Illinois for the TNA project. Approximately 25 persons (parents, service providers and administrators) participated in each workshop. After a careful analysis of the responses from workshop participants in the three regions, it was apparent that the concerns raised at each workshop were common to all three geographic regions. These identified needs are presented in the following paragraphs. They may serve as a springboard for developing topics for discussion in other transition workshops.

Parent Concerns Identified in Workshops. Parents participating in the TNA project workshops indicated a need for information and training on the following topics:

* Parent and child rights under current federal and state laws
* Parent advocacy training
* The IEP and IFSP processes and what happens at staffings
* Communication skills for use in conferences and staffings
* Information on public schools
* Information on agencies providing ancillary services
* Transportation arrangements

Service Provider Concerns Identified in Workshops. Service providers participating in the TNA project workshops indicated their need for additional information on the following topics:

* Communication with other agencies
* Transfer of the child's records from one setting to the next
* Knowing more about the facilities which "send" and "receive" children to and from their setting
* How to best help families during the transition process
* Resolving their own feelings about separation from families and children who are leaving their classrooms
* Teaching parents their rights
* Helping parents learn to communicate their needs
* Obtaining follow-up data on children who have made a transition into another setting

Survey Results Statistical analyses of the results of the surveys conducted for the TNA project revealed that all of the significant variables identified were brought up as important concerns during the workshops. This finding is of particular significance to agencies and school districts as they plan transition policies for their facilities. Parents and service providers attending TNA project workshops were acutely aware of, and very able to articulate, their concerns. Moreover, during a three-hour meeting, they generated several alternatives for change which would potentially resolve these concerns.

The TNA survey results indicated a need to address service providers' concerns about transitions. Ninety-four percent (94%) of the 87 service providers interviewed for the project indicated that they saw a need for a structured transition process in their setting. However, only 53% stated that they knew of sources for information about developing transition practices.

RECOMMENDED STRATEGIES

It is recommended that individual agencies and schools assess their current transition practices by holding transition workshops for parents and service providers. Goals for these workshops include: identifying the concerns parents and service providers have about preschool transitions; providing an open forum for discussion of these issues; and planning an organized system of transition which is based on identified needs.

Conducting Workshops. The basic components for coordinating a transition workshop include: planning the workshop format and activities; selecting and inviting participants; and evaluating and implementing workshop suggestions. It is also important to designate a "workshop coordinator" whose role is to take responsibility for facilitating the workshops and conducting follow-up activities.

Planning the Workshop Format and Activities. Workshop formats will vary depending on the needs of the district or agency planning the transition system, and the time allocated to each session. Based on experience from the TNA project, it is suggested that the initial workshop be scheduled for a three hour period and planned as follows:

1. An unstructured social period with lunch or dinner provided for participants (30-45 minutes).

2. Discussion of definitions of "transition" and an overview of scheduled workshop activities (15 minutes).

3. Specific workshop activities: large group and small group activities (30-45 minutes each); and a closing activity and summary for the entire group (30-45 minutes).

A comprehensive appendix which contains specific activities and handout materials from the TNA project workshops is attached to this report. All appended materials are designed to be photocopied and used as needed by districts and agencies. (See Appendix to Section III)

Selecting and Inviting Workshop Participants. It is recommended that workshop participants include parents and service providers, an administrator, and a recorder of events. TNA project workshops underscored the necessity of including parents from the earliest planning stages. Parents have special needs for support and information during the transition process which may not be addressed unless the parents themselves present these concerns. Experience from conducting the TNA study indicates that it is important to include parents who have completed a transition as participants in the workshops since they have valuable experiences and perspectives on the transition process.

Service Providers offer valuable input on the methods of conducting effective transitions because they have had experiences with many families making transitions. Service providers in the TNA study indicated that they wanted an opportunity to express their own concerns about current transition practices. The Administrator attending the workshop is provided with an opportunity to hear first-hand the specific concerns expressed by parents and service providers. The workshop recorder serves as a disseminator of workshop results.

Evaluating and Implementing Workshop Recommendations. It is recommended that the workshop coordinator and service providers organize committees to plan options for solutions to the concerns raised at the workshops. It is important to include parents as members of these committees. The workshop coordinator has the responsibility for scheduling the committee meetings, arranging for dissemination of committee results to original workshop participants, and scheduling follow-up meetings.

Alternative Suggestions. The evaluation of current transition practices may be conducted in less formal ways than through workshops or data-based research studies. Other options include mailed questionnaires, telephone surveys, and informal discussions with parents and service providers. If the mailed questionnaire technique is employed, administrators send questionnaires to parents and service providers asking the recipients to indicate their concerns about transitions. The telephone survey has a similar content and format; however, the questions are read to the respondents over the telephone and their responses are noted for later review and analysis. Informal discussions with parents and service providers which are conducted with a prescribed agenda will also yield relevant information about concerns regarding the transition process.

In utilizing any of the alternative suggestions, it is important for the interviewer to have a format or schedule of topics for discussion in order to obtain the most relevant information. Hanline and Knowlton (1988) prepared a Parent Transition Checklist which asked parents to indicate whether they needed information or assistance in the areas such as knowledge of parental rights, preparing for the IEP, and visiting the new classroom. This checklist, or an adaptation of it, can be used for structuring the alternative methods listed above.

SUMMARY

Evaluating current transition practices is the first step in establishing a continuous, coordinated system of transition. This step encourages parents, service providers, and administrators to work together in order to evaluate current transition practices before developing a new transition model. The recommended method of evaluation is to conduct workshops which bring together parents, service providers and administrators to discuss common concerns regarding transitions. This initial step is undertaken at the beginning of planning an organized transition system and it is recommended that it be repeated annually by the district or agency. The other five steps in the six-step transition plan are designed to be used on an individual basis with each family as the family begins the transition process.

STEP 2 - ASSIST PARENTS IN ACCESSING SUPPORT

RATIONALE

Schools and agencies can assist parents in developing a network of persons to whom they may turn for support in times of stress. Educational changes of any kind may cause stress for children and their parents. Transitions which require changing programs and moving to another facility, may be particularly difficult for the family of the preschool child with special needs. During such transitions, parents have reported feelings of being overwhelmed, confused, and isolated. At these times, parents have sought assistance from professionals, friends, and family members. By working with parents to identify potential helpers, service providers empower the parents to seek support and assistance during the transition, and to learn how to access and utilize support in subsequent stressful situations as their child moves through the school system.

LITERATURE REVIEW

Several research studies noted that a transition may be a very difficult and anxious time for both children and their parents (Hanline and Knowlton, 1988; Hollier, 1982; Innocenti et al., 1987b). For some parents, transitions can awaken strong feelings of helplessness, anger, and sadness, reflecting earlier emotions experienced when their child was first diagnosed as developmentally delayed (Warren, 1986). Hanline (1988) noted that parents may experience apprehension about the increased length of time their child will spend in the new setting each day. Brandt (1987b) indicated that parents may also feel upset about the loss of the secure relationships they had established in the child's current setting.

Suggestions for alleviating parental stress involved helping parents select persons who would listen to their concerns and provide them with support. Parent support groups have been used as a vehicle for assisting parents in dealing with these issues (Byrd, 1987). Pairing parents with a "buddy parent" or a "mentor parent" was also suggested (Easter Seal Society, No date; Turnbull and Turnbull, 1986). Hollier (1982) expressed concern that unless parents received support during these early transitions, serious deleterious effects might be seen in the child's later school experiences.

Workshops. Parents who participated in the TNA project workshops indicated that transitions were very stressful and uncertain times for their families. They expressed a need for extra support and assistance during the transition process; yet many parents were uncertain about how they could access potential helpers when their child was making a transition.

During the workshops, parents and service providers participated in brainstorming sessions to identify potential helpers. There were four major categories of helpers identified: teachers and direct service providers, including related services personnel; medical professionals; family members and friends; and other helpers from the community. As a result of the workshops, a list of potential helpers was developed. The helpers' roles were included in the parents' and service providers' surveys in order to determine if there were any persons found to be uniformly helpful, and to establish how helpful each person had been to that respondent.

Survey Results. The following potential helpers were identified from parents' and service providers' responses to the workshops. They appear in the order in which parents ranked them for their helpfulness.

1. Teacher from the Old Program
2. Teacher from the New Program
3. Speech Therapist
4. Classroom aide
5. Family members
6. Bus Driver
7. "Tester"
8. Case Manager
9. Physical Therapist
10. Occupational Therapist
11. Administrator
12. Friends
13. Counselor
14. Social Worker
15. Psychologist
16. Medical Doctor
17. Other parents
18. Nurse

When asked an open-ended question about others who had been helpful but did not appear on the list, parents added the following helpers:

Clergy
Parent/child advocates
Secretaries from schools
Legal advisors

Three important factors emerged from a formal statistical comparison performed on the helpfulness ratings from the parents' and service providers' surveys.

1) Different persons may be more or less helpful to different parents.

2) Parents and service providers had different perceptions about the helpfulness of these persons.

3) The number of helpers utilized had no significant effect on how satisfied the parents were with the help they received from each of the help agents.

RECOMMENDED STRATEGIES

Selecting Potential Helpers: The Parents' Choice. To implement this step of the transition system, it is recommended that a list of potential helpers be compiled and discussed with parents who are planning their child's transition. The specific "help agents" on each district's list will vary; however, the sources listed from the TNA project results provide a basic core of helpers which can be modified and expanded as a result of information revealed from the local needs assessment.

The recommended method for using the list is for service providers to meet with parents and review the "menu" of helpers together. This method encourages parents to review potential sources of assistance which they might not have previously considered. After reviewing the list together, the service provider works with the parent to obtain assistance in accessing those helpers the parent selects. It is strongly recommended that the parents make the final decision about which helpers they would like to consult. TNA survey results indicated that these decisions are highly individual, and that parent preferences vary widely.

Identifying Another Help Agent: The Transition Coordinator. Fowler's (1980) research indicated that there was a need for a "transition coordinator" in each transition. The transition coordinator is the person who is responsible for organizing and implementing the transition. In the transition from a birth-to-three program into a preschool setting, the case manager is responsible for planning and coordinating the child's transition. In the transition at age six, this role is filled by one of the service providers, who is available to both parents and service providers for consultation throughout the transition. TNA project survey results indicated that parents and service providers saw a need for designating a coordinator for each child's transition. The role of the transition coordinator will be further explored in the fourth step of the transition system, under communication issues.

Alternative Suggestions. Establishing support networks for parents may be accomplished in other ways besides conducting an individual interview with the parent. School districts and agencies often schedule parent group meetings; the "potential helpers" list can be reviewed and discussed on a group basis at one of these sessions. Another method for establishing a support network is to mail the parents a list of potential help agents and request that they telephone the child's service provider or transition coordinator to request assistance in accessing these helpers. Telephone assistance may also be provided by volunteer parents who have completed a transition.

SUMMARY

Parents who participated in the TNA project indicated that they needed support from a variety of persons during their child's transition. Survey ratings of the amount of support given by these helpers varied widely. Therefore, it is important for service providers to encourage the parents to select those helpers which they feel will be of the most assistance to them during the transition. When service providers assist parents in selecting and accessing persons who can help them during their child's preschool transition, they provide the parents with a method for obtaining support which the parents can use in later stressful situations.

STEP 3 - ESTABLISH TIMELINE FOR TRANSITION ACTIVITIES

RATIONALE

The sequence and timing of transition activities is important for both parents and service providers. Parents, who often have no prior experience with the special education system, are unable to anticipate and prepare for meetings, staffings, school visits or IEP conferences without sufficient advance notification. Service providers, who are responsible for planning the transition, also need an established timeline to organize and coordinate transition activities.

If timelines are not developed, transition activities may take place in a hurried manner just before the child's departure from the program. Rushed and pressured transitions limit the amount of participation by the child's parents, and prove frustrating to the service providers as well. Establishing a timeline is essential in order to prepare for an effective transition which includes the parents' participation from the earliest stages.

LITERATURE REVIEW

Transition timelines have been discussed by several researchers (Gallaher et al., 1984). Blair-Thomas et al. (1986) developed a transition timeline form which was developed as a negotiated document specifying the sequence of transition events and assigning responsibility for each activity. Fowler and Haines (1985) outlined a timeline for planning transitions, which included appointing a staff member to coordinate the transition activities as the first step. These researchers also included suggestions for involving parents in transition activities throughout the last year of the child's program before the transition takes place.

Diamond et al. (1988) proposed a timeline which began in September of the child's last year in the program and included follow-up activities with public schools during the next year. Tatz (1988) suggested planning a transition program for parents of children in birth-to-three programs in the Fall of the child's last year in the program. She encouraged parents to begin evaluation procedures before the child's third birthday in order to eliminate a waiting period for placement when the child turned three.

TNA PROJECT RESULTS

Workshops. Both parents and service providers participating in the TNA project expressed the need for an effective and practical schedule of transition activities. Most of the workshop participants had not experienced an organized, timely progression toward their child's transition. Participants discussed several time-related issues, including the necessity for establishing dates for the initial notification about the child's upcoming transition; obtaining the required psychological evaluations for the child; the Multidisciplinary Conference; the IEP meeting; visiting the new facility; and the transferral of records to the new facility. Parents who had completed transitions indicated that they often had needed more time to understand the transition process than they had been given.

Survey Results. In the TNA project, the "timing of events" was identified as a crucial factor in planning transitions by both parents and service providers. The results from project surveys indicated that parents wanted to begin planning for the transition on the average of eight months in advance of the actual transition. Seven parents (3% of the sample) wanted to begin as early as three years ahead of time. In contrast, service providers responding to the survey felt that parents should start the transition process six months ahead of the transition. The timing and scheduling of transition activities were additional concerns which parents discussed with project personnel.

In addition, many parents felt they had not had enough time to understand the transition. The parents who were the least satisfied with the new placement for their child (lowest 20% of the scores from the sample), indicated that they did not feel that they had been given enough time to think over and understand the information given about the transition. In contrast, the most satisfied parents (highest 20% of the scores from the sample) felt that there had been sufficient time to plan and understand the transition.

RECOMMENDED STRATEGIES

Notifying Parents of the Upcoming Transition. Service providers participating in the TNA project indicated that they were not certain as to the optimal time to notify parents of an upcoming transition. At the very earliest, a brief reference to the transition may be made at the time of the child's intake into the program. Utilizing this approach sends a subtle but important message to the parent. It indicates to the parent (and also reinforces the issue for the service provider) that there will be an eventual separation. The implication is that the service provider expects the parents and child to benefit from the current program, but also that the parents will be able to seek assistance and derive help from other professionals as their child grows older. The recommendation that the service provider allude to the later transition at the time of the child's entry into the program has an additional benefit; it allows the parent to become involved in planning the transition from the earliest stages, because the service provider has already broached the topic.

It is recommended that parents and service providers establish the transition timeline at the start of the child's last year in the program. This is usually a period of eight to nine months in advance of the transition. Planning of the timeline this far in advance allows the parents to participate fully in the transition activities and ensures that necessary documents and paperwork will be completed on time.

Developing a Timeline and Scheduling Activities. The recommended method for developing a timeline and scheduling transition activities is for service providers to list all of the transition activities, and then put them into a sequential and chronological order. This master list then may be used on an individual basis with each parent. After the transition coordinator or service provider has reviewed and discussed the sequence of activities with the parents, they can agree on the approximate dates for initiation of each activity. The service provider and parent also need to designate the person responsible for completing each activity at the appropriate time. It is recommended that parents be given a copy of the timeline to retain for further reference.

Alternative Suggestions. In instances where the parents and service providers are unable to meet in order to develop the timeline together, it is recommended that parents be informed in writing about the proposed schedule of transition events. Service providers can mail a copy of the timeline to parents, and follow-up the mailing with a telephone call to offer parents a chance to discuss the timeline and transition activities.

SUMMARY

Results from the TNA project indicate that there are several time-related factors which are important for planning transitions. Parents need to know that there is a schedule of activities leading up to the transition, and what the specific timeline for these events will be. They also need sufficient lead time to assemble and prepare whatever relevant materials they might have which are necessary for their child's transition. Finally, parents need to have enough time to understand the entire transition process. Careful organization of the timeline results in a "planned, systematic transition process which benefits sending and receiving staff, children and their parents" (Blair-Thomas et al., 1987, p. 13).

STEP 4 - DELINEATE CHANNELS OF COMMUNICATION

RATIONALE

Parents and service providers who participated in the TNA study indicated that successful transitions were more likely to occur when all persons involved in the transition communicated effectively with one another. The parents, service providers, administrators, and child each have important information to communicate to one another. There is also a need for them to receive information from one another. This step of the transition system presents specific methods for ensuring that all persons involved in the transition have access to each other through established channels of communication.

LITERATURE REVIEW

The necessity for effective communication during transitions was cited by several researchers (Hains et al., 1988; Hanline and Knowlton, 1988). Williams' (1988) research revealed that parents needed to know who would be involved in the transition, and whom they could contact if they had any questions. In addition to receiving information from professionals, parents often have important information to relate to service providers. Hains et al. (1988) found that families were under-utilized as potential sources of information because most agencies had no established communication network for the parents. These authors further stated that when parents became actively involved in communicating with professionals at the earliest planning stages of the transition, they were better able to prepare their child for the move to the next program.

While it is crucial for parents and service providers to communicate with each other about the transition, it is also essential that service providers from the "sending" and "receiving" agencies communicate with each other about the child who is making the transition. Otherwise, the responsibility for closing the communication gap between the two programs falls on the parents and family, at a time when they are least able to manage it. Gallaher et al. (1984) stated that service providers needed to establish formal channels of communication among agencies and schools serving preschool children with handicaps. Diamond et al. (1988) suggested that service providers visit both sending and receiving agencies to resolve the lack of communication among service providers in these agencies. The Rainbow Connection (United Cerebral Palsy, No date) presented suggestions for increasing interagency communication, including making a notebook to send to the next agency regarding each child's likes and dislikes, established methods of behavior management, and effective positioning techniques.

Most of the special education transition literature focused on communication between parents and service providers. In contrast, several articles from the literature reviewed on transitions for "typical" children (Ziegler, 1985; Ladd and Price, 1987) included specific suggestions for exploring transition from the child's point of view. These authors discussed methods for communicating with children regarding their concerns about the upcoming transition. Most of the suggestions presented in these articles are appropriate for use with special needs children also.

TNA PROJECT RESULTS

Workshops. Parents who participated in the TNA workshops indicated that they needed to have clear and effective communication during their child's transitions; however, in many cases, they did not have this experience. Some parents reported that they felt alienated from their service providers during transitions, although they had had a good relationship with them while their child was attending the program. Several parents reported that important decisions about their child's placement had been made by service providers without including them in the decision-making process. TNA workshop results indicated that parents wanted service providers to listen to their concerns about the upcoming transition. Parents said that they found it difficult to actively participate in the transition process until someone had appreciated their fears and concerns about moving to a new program. Service providers expressed a desire for better communication with parents and for more effective interaction among the agencies serving the child. Both parents and service

providers thought that there should be more attention paid to communicating with the child about the upcoming transition.

Survey Results. The parents' survey was designed to evaluate 20 different communication issues as they related to preschool transitions. Parents were asked to assess each issue, as it applied to their child's transition, by rating it on a 6 point scale, with "1" as the lowest rating, and "6" as the highest rating.

Overall, parents' responses indicated a slightly above average agreement score (4.5 on a 6 point scale) on the communication items in the questionnaire. However, approximately 20% of the parent respondents were very dissatisfied with the quality of communication during their child's transition, as indicated by the low ratings on a variety of communication issues. One communication item which was rated "below average" by the majority of respondents was that although parents indicated that they wanted to talk with "veteran parents" who had already completed a transition, they did not have the opportunity to meet with these parents.

Another significant finding regarding communication was that parents who were the most satisfied with their child's new placement felt that what they said to service providers in the IEP meeting had some effect on those attending the meeting, while the parents who were not satisified with the new placement felt that what they said at staffing did not matter. This finding alerts service providers and administrators to the importance of listening carefully to parents' feelings as well as encouraging parents to express their needs and concerns at these meetings.

Results from the analyses of the service providers' surveys revealed that significant differences exist in communication between the birth to three programs and the preschools, when compared to the communication between the preschools and primary programs. Significant differences were found on the following issues: sending information to the next setting; sending representatives to the staffings in the next setting; and seeking follow-up information from the new setting. In each instance, the transition from the birth-to-three program was considered to be the one where less effective communication took place.

Service providers also indicated that the following communication items varied significantly by geographic location: notification of staffings and IEP meetings; representation of "sending" schools at IEP meetings in the new setting; parents' opportunity to discuss concerns before transition; information sent from preschool to primary programs; explanation of new setting to parents; and knowledge of transition services.

In their responses to open-ended questions regarding communication, service providers indicated that they wanted to spend more time planning transitions. However, service providers told project interviewers that "transition activities were not built into the curriculum" and thus, they were unable to allocate adequate time for planning transitions.

RECOMMENDED STRATEGIES

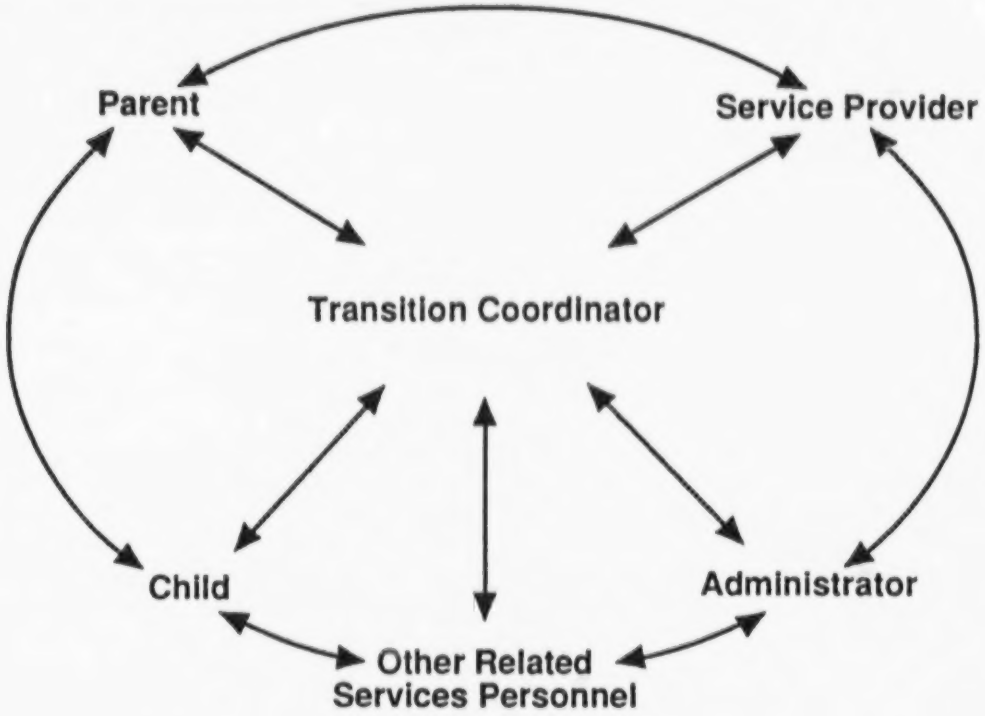
Teaching Communication Skills. It is recommended that small parent group meetings be held in order to teach basic communication skills, and to provide opportunities for role playing by parents. The social worker or counselor is an appropriate staff member to serve as the facilitator at these meetings. Communication workshops which address specific transition needs can be offered to service providers also. Two recommended sources on developing communication skills are: Gerard Egan's (1988) The Skilled Helper: A Systematic Approach to Effective Helping; and Carkuff's (1987) Art of Helping VI.

Designating a Transition Coordinator. Parents who are making a transition need a primary contact person with whom they can communicate about the transition. Service providers on both sides of the transition also need a specific person they can contact when they need information. The "transition coordinator" serves this function. This coordinator acts as the nexus for communication and information to all parties involved in the child's transition. In addition to facilitating communication, the coordinator is responsible for developing the transition timeline, notifying participants of transition activities, and ensuring that the activities take place on schedule.

During the transition from the birth-to-three setting into the preschool, the case manager serves as the transition coordinator, as specified under Part H regulations under Public Law 99-457. In the transition at age six, any one of a number of professionals may assume the role of transition coordinator. In some cases, it is the child's primary service provider from the "sending" program who will serve as the coordinator; in others, it is another service provider, such as the social worker, who acts in this role. Generally, the transition coordinator is a professional from the child's current program who already knows the child and family (Fowler, 1980).

The diagram on the following page illustrates the transition coordinator's position and role in transition:

Role of the Transition Coordinator



The diagram indicates that the transition coordinator serves as the central contact person for all parties involved in the transition. However, it is important to note that all of the persons communicating with the coordinator will have interactions with each other as well.

Communicating with Parents: Preparation for the Parents' Role in the Transition

Consideration of Emotional Factors: Parents. In the TNA project workshops and interviews, several parents related that they were very upset by the transition process, even when they felt they had been adequately prepared for the transition. Further discussion revealed that they found it hard to accept that their child was going to be placed in yet another special education setting. Parents told project interviewers that they often harbored the hope that their child would be "cured" to some degree after three years in a particular special education program, and thus able to attend a regular preschool or kindergarten. These parents also reported dismay at seeing "how handicapped the children in the new setting looked."

It is important to consider that parents facing a transition may be forced to re-work some of the initial feelings of grief, sadness, and anger which they experienced at the time their child's developmental delays first became apparent (Warren, 1986). The likelihood of a successful transition experience is enhanced when service providers are aware of the strong feelings which may emerge as parents prepare for the transition. It is recommended

that parents be given opportunities to discuss these feelings with other parents as well as with service providers. Parents whose children have already completed a transition are especially good sources of support to parents who are about to begin the transition process.

Explanation of New Program. Parents participating in the TNA project indicated that they had a need for information about the new setting in advance of their child's transition. They wanted to know what to expect in the next placement. Hanline (1988) found that most parents had no notion of what the new placement would be like, and therefore wanted specific information about the following five issues:

1. Location	-	Where will the child receive services; home, school, or center? Which school or center?
2. Type of Service Delivery	-	Service providers and classroom aides; individual or group instruction; special therapies?
3. Length of Day	-	Mornings, afternoons, or all day; lunch plans; number of days of attendance per week?
4. Role of Parents in the New Program	-	How much involvement; parent groups?
5. Contact Person in the New Setting	-	Whom can they call with questions?

Providing parents with this information helps them prepare for the transition; also, it enables them to begin to explain the new program to their child in advance of the transition.

Developing an Information File. Parents are often asked for specific information about their child's medical and educational history in preparation for the transition process. Service providers can help parents prepare for the transition by encouraging them to develop an information file on their child. The file serves to organize the child's records in one location, and also provides parents with a system for storing relevant material in the future. Preparation of an information file enables the parents to review their child's educational and medical records in order to prepare for the assessment and placement meetings which are part of the transition process. Researchers from various transition projects advocated preparing a notebook for parents which contained information about their rights under law and special education services and procedures in the local district (Gerlock, 1985; Goff and Hemmesch, 1987). This type of information can be used as a foundation for developing the information file with the child's parents.

Facilitating Communication Among Service Providers

Interagency and School Communication. Service providers who participated in the TNA project indicated that problems encountered in providing a smooth, coordinated transition were often due to ineffective communication between "sending" and "receiving" agencies. The frustrations discussed by service providers emphasized the lack of communication and problems in transmittal of the following information: anecdotal material

gathered over three years of service to the child and family; assessment information; goals and objectives from the child's IEP's and annual reviews in the current setting; and successful behavioral management techniques.

To resolve these interagency communication problems, Knecht (1989) has adopted the Early Childhood Interagency Transition Model (Gallaher, Maddox and Edgar, 1984) for use in Illinois' Pilot Transition Research Project, funded under the Preschool Grant by the Illinois State Board of Education. Since this model has been successfully field-tested, it is recommended that service providers utilize the suggestions presented in this model for planning transitions and resolving interagency communication problems. In addition, developing an effective transition timeline and utilizing the transition coordinator for communication with all parties involved in the transition will provide a structured framework for enhancing communication among agencies during the transition process.

Consideration of Emotional Factors: Service Providers. Results from the TNA project and the literature review indicated that during the child's preschool years, service providers and parents often have an especially intense and emotional working relationship with each other. Frequently, the preschool service provider is the first professional that parents relate to on a regular basis, and for most children, this service provider is their first "teacher". Service providers indicated that the process of separating from children and families during the transition was often a wrenching experience for them.

It is recommended that service providers assist families in making transitions by helping them understand the necessity for the transition at this point in the child's life, and by explaining to them that they will probably have strong emotions about leaving the child's current placement. Further, they can explain that these emotions will probably occur again as the parents move from one service provider and/or setting to the next, over the child's school career. If service providers are able to take a supportive, professional, and somewhat objective stance about these issues, they will be able to assist the family and child in preparing for the transition to the next setting. Parents will benefit from open discussion with their service providers about the emotional issues involved in the transition and as a result, will be better able to look forward to their child's new placement.

Alternative Suggestions. Face-to-face meetings and discussion provide an opportunity for the most effective communication during transitions. However, in situations where it is not possible for service providers and parents to meet with each other, the following techniques are suggested: service providers can telephone parents to discuss the transition and explain the new setting to them; or, the parents can be notified by mail of upcoming transition events, and of times when they might call the service providers to discuss transition issues. Whenever possible, it is recommended that both agencies involved in the transition make telephone or mail contact with the parents to discuss the upcoming transition, so that all of the parents' concerns may be addressed.

SUMMARY

"Communication" was identified as a key factor in successful transitions by parents and service providers who participated in the TNA study. Parents indicated that they wanted to have better communication with service providers, from both the current and new settings, in order to better understand their child's placement in the new environment. They also wanted to participate actively in their child's staffings and IEP meetings. Parents indicated that they felt they would benefit from meetings and discussions with other parents who had already completed a transition.

Service providers indicated that there was a need for better communication among the agencies serving the child at the time of the transition, and a need for more communication with parents during the transition process. Factors which may enhance or inhibit communication were discussed as they pertain to both parents and service providers.

STEP 5 - PREPARE FOR, PLAN, AND IMPLEMENT THE CHILD'S ASSESSMENT AND SUBSEQUENT PLACEMENT

RATIONALE

Parent participation in their child's assessment and placement conferences flows from their involvement in the four previous steps of the recommended transition system. The steps were developed in sequential order to provide parents with support and assistance throughout the transition process and to insure their involvement at the earliest stages of transition planning. If the parents have not been given an opportunity to become involved in a coordinated sequence of activities, and thus their first contact with the transition process is at the IEP meeting, there is a tremendous strain placed upon all IEP conference participants. Some TNA project parents who were not involved in planning the transition before the IEP meeting reported feelings of bitterness about the transition, even though the placement eventually proved to be a good one for their child. This step involves the parents as participants in their child's assessment and placement conferences.

LITERATURE REVIEW

Much of the literature reviewed stressed the importance of parental input and participation in the assessment and placement process. In one study, parents were encouraged to contribute suggestions toward developing and writing annual goals for their child (Hanline and Knowlton, 1988). Carpenter (1989) encouraged parents to ask questions throughout the evaluation and placement conferences. He stated that the parents' questions established that their child's welfare was of central concern to them and that they did not take the transition lightly. Overall, the research articles revealed a strong parental interest in taking an active, participatory role in their child's transition.

Workshops. Results from the TNA workshops revealed the following parental concerns regarding assessment and placement:

Perceived lack of communication between agencies about assessment results
Apparent unwillingness of schools to accept assessment data from private agencies
Long waiting times for assessment and evaluation reports
Lack of parental representation at multidisciplinary conferences
What to do when the psychologist who evaluated their child does not attend the IEP meeting
Lack of opportunity to discuss potential placement before the IEP meeting
Effective communication at IEP meetings
Potentially inappropriate placements - how can parents intervene?
Long waiting times for placement

The service providers' concerns reflected many of the same issues which were reported by parents. In addition, they expressed dissatisfaction with the following practices:

Lack of services for the child and family
Inadequate communication regarding transfer of records among agencies
Lack of communication between "senders" and "receivers" about services in both settings

Survey Results. The results from the parents' survey indicated that parents who were the most satisfied with their child's placement (top 20% of respondents) felt that what they said at the IEP meeting mattered. This finding was statistically significant when compared to the ratings of the least satisfied parents (lowest 20% of respondents). Those parents who were the least satisfied reported that they felt that their input at the IEP meeting did not matter to the professionals at the meeting.

The service providers' responses to questions regarding assessment and placement issues indicated concerns about the timely transfer of documents, and representation of service providers at the IEP meetings. Parents and service providers both indicated that in some instances children have to wait an excessively long time for evaluations and/or placement.

RECOMMENDED STRATEGIES

Informing Parents of their Rights. Parents requested information regarding their rights under Public Law 94-142 and/or Public Law 99-457. In Illinois, there are several sources for this information which are as follows:

1. The Local Education Agencies (LEA's) are required to provide parents with a copy of their rights at the IEP meetings. It is recommended that parents obtain this material several weeks in advance of the IEP meeting.
   Contact: Local school district; Special Education Department or Pupil Personnel Services

2. The Illinois State Board of Education will provide parents with information on their legal rights and due process under law.
   Contact: Illinois State Board of Education
   Special Education
   100 North First Street
   Springfield, Illinois 62777
   Phone: (217) 782-6601

3. The Coordinating Council on the Handicapped provides training sessions for parents to inform them of their rights and will also provide written material to parents upon request.
   Contact: The Coordinating Council on the Handicapped
   20 East Jackson Boulevard
   Room 900
   Chicago, Illinois 60604
   Phone: Voice: (312) 939-3513
   TDD: (312) 939-3519

4. The La Grange Area Department of Special Education has developed a parent training program designed to strengthen the parent/school relationship in special education (Laten and Nye, 1986). These materials were designed to be used in a series of 8 workshops which are co-led by a parent and a professional team. "Parents as effective partners" presents a thorough overview of parents rights and responsibilities under law.
   Contact: La Grange Area Department of Special Education
   1301 W. Cossitt Avenue
   La Grange, Illinois 60525
   Phone: (312) 354-5730
   Cost: about $20 or/ Contact the Birth-to-Three Clearinghouse to borrow a copy of "Parents as Effective Partners."

Planning and Scheduling Assessment and Placement Activities. It is recommended that planning and scheduling the assessment and placement conferences be done when a transition timeline is developed (see Step 3). After appropriate planning has taken place, it is necessary that all parties receive notification of special times and dates for the transition activities. The transition coordinator is the person responsible for communicating this information to all persons involved in the transition (see Step 4).

Conducting a Pre-Transition Meeting. Parents who participated in the TNA study indicated that they would like to be more fully informed about the potential placement sites for their child. They stressed that they wanted to have an opportunity to visit potential sites in advance of the IEP meeting, since they would then be better prepared to discuss their child's placement. Conducting a "pre-transition meeting" was suggested by several parents as a method for establishing information about potential placement sites.

The pre-transition meeting has been recommended by several researchers (Gerlock, 1985; Goff and Hemmesch, 1986; Hains et al., 1985; Innocenti et al., 1985; Sanford, 1986) and has been utilized in some schools and agencies. However, Public Law 94-142 guidelines specify that formal discussion of a child's placement may occur only at the IEP meeting, the multidisciplinary staffing, or the annual review. Therefore, if a school or agency establishes pre-transition meetings, they should be of a general informative nature, and not specific to any one child. If a pre-transition meeting and subsequent site visits are not feasible, parents can still arrange a pre-placement visit to the potential site before signing the IEP document.

Visiting the New Setting. Parents participating in the TNA study expressed a desire to visit the new setting before their child was placed in that setting. It is recommended that parents visit potential settings for the first time without their child. This allows them an opportunity to observe and to ask questions of the teacher without interruption. Once the parents have made a preliminary visit and the setting has been decided, it is recommended that the parents then bring their child to the new classroom and introduce him or her to the new teacher. This first visit is generally more effective if it occurs while there are no other children in the classroom. Under these conditions, the child will have the teacher's full attention, and the parents and child will have an opportunity to explore the environment freely at the child's pace. The child and parents may wish to return again and observe the classroom while other children are there.

Service providers indicated that they wanted to have an opportunity to visit other schools and agencies involved in transitions with their facility. They expressed a desire to observe in both "sending" and "receiving" placement sites in order to anticipate the needs of the children who are entering or leaving their program. These visits also serve to acquaint service providers from different agencies with each other and to enable them to establish better communication. When time and distance prohibit such visits, Blair - Thomas et al. (1986) suggested that agencies make videotapes and send them to interested agencies and schools. Parents also can be invited to view these tapes if they are not able to visit a site personally.

Alternative Suggestions. When individual or group meetings with parents are not feasible, service providers can contact parents by mail or telephone to involve them in the planning of assessment and placement activities. Parents also can benefit from telephone contact with other parents if they are unable to meet with them in person. If agencies provide parents with a written list of resources for obtaining information regarding their rights, the parents can contact these sources for information about their rights under law, without meeting with the service providers.

SUMMARY

Parents from the TNA study indicated that they wanted to take an active role in planning their child's assessment and subsequent placement in the new setting. To further empower parents as "partners" in the transition process, it is recommended that they be informed of their rights in advance of the IEP meeting, and that they have opportunities to observe classes in the potential placements available to their child.

Service providers who participated in the TNA study indicated that they wanted opportunities to communicate with other agencies about the children they mutually serve. Also, service providers from "sending" agencies reported that they wanted the opportunity to participate in IEP meetings held in the new setting.

STEP 6 - EVALUATE THE TRANSITION AND CONDUCT FOLLOW-UP ACTIVITIES

RATIONALE

The sixth step in the recommended transition system occurs after the child has completed the transition and has become established in the new setting. This step completes the transition process and makes closure on the transition, ensuring that parents and service providers have the opportunity to communicate with each other about the child's adjustment in the new program, and review the entire transition process. In addition to providing data about the child, this feedback provides valuable information to service providers which can be used in planning future interagency transitions. Scheduled post-transition activities also provide an opportunity for parents to communicate once more with their child's former service provider. The knowledge that they will talk with this service provider again after the transition can be reassuring to parents as they plan their child's transition.

LITERATURE REVIEW

Many researchers advocated conducting follow-up activities in the new setting once the transition had been completed (Gallaher, et al. 1984; Hutinger, 1981). Bricker (1986) suggested that the "sending" agency contact the service providers in the new setting, after the transition, to determine the child's progress in the new program. Diamond et al. (1988) recommended that follow-up activities be conducted with the public school one month after placement, and suggested scheduling this evaluation as part of the transition plan. The Easter Seal Society (No date) concluded that effective follow-up activities help prevent the "regression that typically occurs in children when they move from one program to another" (p. 1). In addition to follow-up on the child's adjustment, Byrd et al. (1985) recommended evaluating the transition per se in order to determine if the transition objectives had been met.

The amount and kind of suggested follow-up activities varied widely. Hains et al. (1985) developed a transition timeline which included follow-up visits to the new setting. Fowler (1980) advocated regularly scheduled consultations with the "sending" service providers for those teachers in the new setting who wanted this assistance. She suggested that the receiving teacher borrow toys and materials that the child enjoyed in the previous setting, and that the sending and receiving service providers work together to plan a behavior management program for the child.

Another aspect of evaluation discussed in the literature was the importance of identifying and teaching "survival skills" to children who are moving into a new setting. Survival skills are defined by Innocenti et al. (1987b) as . . . "Those skills necessary to function in less restrictive environments on a day to day basis" (p. 10). These authors developed a Kindergarten Survival Skills Checklist for use with those students who will attend a mainstreamed kindergarten environment.

TNA PROJECT RESULTS

Workshops. Parents and service providers who participated in the TNA workshops stressed that the transition process was incomplete if it ended with the child's placement in the new setting. Workshop participants indicated that additional contact was necessary after the actual transition had taken place. Parents wanted an opportunity to give feedback to the child's service providers about the transition and about the child's progress in the new setting. Service providers from the "sending" agency stated that they wanted to obtain information about the child's adjustment to the new setting, and the "receiving" service providers from indicated that they wanted additional contact with the sending agency after the child had been placed in their program.

Workshop participants concluded that post-transition communication would result in a more continuous system of service delivery for the child, and would ultimately improve the agency's transition system as a result of incorporating suggestions from post-transition evaluations. Other advantages of the post-transition follow-up are presented under recommended strategies.

Survey Results. Parents who participated in the TNA study indicated that evaluation of the transition itself and follow-up activities were important components of the transition. When asked if they felt there had been follow-up communication between the old and new placements, half of the parents reported that they strongly agreed there had been a post-transition communication between the agencies. However, one-third of the parents strongly disagreed that any follow-up had taken place. When parents were asked if they thought the "sending" program had prepared the child for the transition, 61% of the parents agreed strongly that their child had been prepared; 19% indicated that they strongly disagreed.

Service providers who participated in the TNA study also stressed the need for post-placement follow-up activities. Significant differences were reported regarding the service providers' ratings on post placement activities based on transition age. They reported significantly less follow-up on children who moved from the birth-to-three setting than on those who made the transition at ages five or six.

Another significant finding emerged when the service providers' responses were compared to the parents' responses on the issue of follow-up in the new setting. Parents indicated that they thought that follow-up occurred significantly more often than the service providers ratings showed. In discussing follow-up activities, service providers from the sending agencies also emphasized the professional satisfaction they received from hearing directly from parents and service providers about the child's progress in the new setting.

RECOMMENDED STRATEGIES

Building Evaluation and Follow-Up Activities into the Transition Timeline. Post-transition activities need to be scheduled in advance of the child's transition. It is strongly recommended that the transition coordinator and the parents include post transition follow-up activities in the timeline established in Step 3.

When establishing the timeline, a post-transition meeting between the parents and the "sending" service provider can be scheduled for approximately one month after the transition. The purpose of the meeting is to review the transition process and to obtain information from the parents on the child's progress in the new setting. Parents from the TNA study reported that it was comforting to them to schedule another contact with the sending agency after their child had moved the transition.

In addition to the parent-service provider meeting, a post-transition follow-up conference between the sending and receiving service providers can also be scheduled when the transition timeline is established. Conducting follow-up activities according to the timeline allows the sending agency to evaluate each child's transition, and to regularly revise and adjust the agency's transition policies based on the valuable feedback received about each transition.

Determining Survival Skills. In order to prepare the child for the new setting, it is important for the service provider to be aware of the skills that the child will need in order to function in the new classroom. This information may be established through pre-transition site visits, and/or through communication with the new service provider. The "sending" service provider can then develop a list of "survival skills", and plan for helping the child achieve these skills before the transition.

Conducting Post-Transition Follow-Up Activities. Post-transition follow-up activities consist of evaluations of the child's progress in the new setting by the parents, and by the sending and receiving service providers. The review of the research literature revealed various methods of conducting these evaluations. Depending on the results of the initial evaluation, one or more additional consultations can be arranged (Hains et al., 1985). Hains, Fowler, and Chandler (1988) recommended regularly scheduled consultations between the sending and receiving agencies as necessary to ensure optimal progress for the child in the new setting. Conn-Powers (1987) suggested developing an individualized approach to follow-up, depending on the needs of the specific child and agency.

Alternative Suggestions. Scheduled face-to-face meetings between parents and service providers, and between "sending" and "receiving" agencies, provide optimal conditions for evaluation and post-transition follow-up discussions. However, when a meeting is not feasible, service providers may communicate with the parents asking for written feedback about the child's transition and adjustment in the new setting. This feedback may be obtained by using a rating scale or checklist which the parent returns to the service provider. Additional in-depth follow-up can then be conducted by telephone.

SUMMARY

Results from the TNA study indicated that it is important to complete the transition process by evaluating the transition itself, and by evaluating the child's progress in the new setting. This important step concludes the child's transition, and provides valuable information for parents and service providers that can serve as a basis for improving later transitions. Parents can use this first transition experience to help them plan later transitions for their child. Service providers can establish factors which either enhanced or impeded the transition process for each family, and thus plan more effective transitions in the future. This sixth step concludes the recommendations for establishing a continuous, coordinated system of transition for preschool special needs children.

DISSEMINATION OF TNA PROJECT RESULTS

The results of the needs assessment and the recommendations for a coordinated system of transition have been disseminated through distribution of the final report and through presentations made to professionals and parents.

DISTRIBUTION OF THE FINAL REPORT

A copy of the entire final report has been sent to the 40 advisory board members. One hundred copies were submitted to the Illinois Planning Council on Developmental Disabilities. Copies of Section III were sent to the following numbers of persons and agencies: 90 workshop participants, 55 State Offices of Early Childhood Special Education which responded to the national survey, 71 regional districts in Illinois which responded to the state survey, and 171 school districts, schools, and agencies which cooperated with the study. In addition, the Illinois State Board of Education has made tentative plans to distribute copies of the final report to all public schools and agencies which provide services to three- to six-year old handicapped children (S. Crews, Personal Communication, May 1, 1989).

PRESENTATIONS AND CONFERENCES

National. Results from the Transition Needs Assessment Project were presented at the International Early Childhood Conference on Children with Special Needs, which was held in Nashville, Tennessee in November, 1988. The Project Director and the Regional Director presented TNA research findings to an audience of 65 participants.

State. The Project Director presented research findings from the TNA project at the preliminary transition conference for the Illinois Transition Project which was held in Springfield, Illinois in August, 1988. The project is funded under the Preschool Grant by the Illinois State Board of Education. Approximately 50 service providers and administrators participated in the conference (See Knecht, 1989).

The Project Director also presented results from the Transition Needs Assessment at the "19th Good Teaching Practices Conference" held in Carbondale, Illinois in March, 1989. Approximately 35 participants attended the session.

In September, 1989, the Project Director and the Regional Director will present an all-day workshop for the Illinois Transition Project. The topic of the conference is "Involving Parents in the Transition Process." The workshop will be held in Chicago.

Local. The Project Director presented the TNA Recommendations for a Coordinated System of Transition to the Parent-Infant Education team at the Rehabilitation Institute in Chicago in May, 1989. Six persons participated in the workshop.

The Project Director conducted two workshops for the Chicago Board of Education in July, 1989. The topic of the workshops was Early Childhood Special Education Curriculum. TNA project results were included in the presentation when curriculum transition activities were reviewed.

FUTURE DISSEMINATION PLANS

The Project Director and the Regional Director will continue to consult with the Illinois Transition Project on evaluation and parent involvement. Results from the TNA surveys and project recommendations will be utilized in consultation with the six target sites for that project.

Publications. The Project Director, the Regional Director, and the Research Statistician will submit an article for review to professional journals in the Fall of 1989. This article will report results from the TNA study.

IMPLICATIONS FOR FUTURE RESEARCH

The results from the TNA study have clearly established a need for coordinated transition services for preschool children with special needs at the national, state, and local levels. Since the need for these services has been established, it is recommended that future research efforts concentrate on the implementation and evaluation of transition systems.

Future research should be directed to both preservice and inservice training of **service providers** who serve the preschool special needs population. Suggestions include developing teaching modules for use in classes or workshops. The modules should include printed material and videotaped interviews with parents, service providers and children regarding their transition experiences.

Parents should also be the focus of future transition research efforts. Parents from the TNA study indicated a desire to talk with other parents about transitions. Utilizing a similar methodology as presented in the service provider suggestions, parents can be trained as "mentors" to work with service providers to assist other parents in preparing for an completing preschool transitions. These training modules would be prepared so that, eventually, parents would train other parents in the skills and information necessary to become a parent mentor. In addition, future workshops for parents should address specific types of "helpfulness" which assist families in making transitions.

Additional research efforts should be directed toward preparing the preschool **child** with special needs for transitions. Early childhood special education personnel can prepare materials (audio and visually oriented) with instructions to parents and service providers for their use in preparing children for transitions.

SUMMARY AND CONCLUSIONS

This project was funded by the Illinois Planning Council on Developmental Disabilities for the purposes of conducting a needs assessment of current transition practices in Illinois for preschool children with special needs, and to provide recommendations for a coordinated system of transition for these children and their families. Both goals were accomplished through the following methods: 1) analysis of a comprehensive review of the relevant research literature; 2) recommendations from advisory board members, workshop participants, and consultants; 3) analyses of national, state, and local surveys; and 4) the results from 220 interviews with parents and 87 interviews with service providers.

The population of parents and service providers was drawn from Cook and Eastern DuPage counties, and from a seven-county areas in the Southwestern portion of the state. Therefore, a mixture of urban, suburban, and rural parents and service providers was included in the sample. Both large and small public and private schools, as well as private agencies serving this population, were selected in representative numbers to participate in the study.

The results from the needs assessment are presented below:

* From the results of the national survey, it is apparent that only a minority of all service providers in the country are utilizing a coordinated system of transition for preschool children with special needs and their families.

* Parents responding to the TNA survey reported high levels of satisfaction once their child had completed the transition and had been placed in the new program, even though they indicated that their child was not receiving necessary services in some cases, and despite difficulties experienced in the process of making the transition from one program to another. Parents reported feelings of frustration, confusion, and isolation during transitions, indicating that it was a very stressful time for the family. Service providers also reported stress during transitions, including bureaucratic delays, poor communication, excessive paperwork, and lack of time to plan and discuss the transition with parents.

* Regarding the age of the child at the time of transition, no particular transition age was identified by parents as being more difficult than another. Service providers, however, indicated that there were differences in the transition process when it occurred between preschool and the primary setting as opposed to the earlier transition from the infant program.

* Problems reported by parents were not specific to any particular agency, geographic location, or population. Factors which contributed to successful or problem transitions from the parents' viewpoint were not surface variables such as the amount of contact they had with various types of professionals, the age of the child at the time of transition, or even lengthy waiting times for placement and testing. Instead, there seemed to be a subtle interplay among a variety of factors which affected communication issues, and related to satisfaction with the new program. Service providers, however, reported problems which did vary according to geographic location and the type of facility. From the service providers' vantage point, the parents from the Chicago Public Schools and, to some extent, those from private agencies were less likely to have the benefits of good communication linkages between sending and receiving schools at both the earlier and later transition times.

* The numbers of help agents with whom parents had contact was not related to levels of parental satisfaction after their child had been placed in the new setting. Parents indicated that some individuals with whom they had contact during the transition process were found to be more helpful than others. Teachers, speech therapists, and classroom aides were at the top of the parents' list. Social workers, nurses, medical doctors, psychologists and, surprisingly, other parents were not found to be as helpful. Service providers, on the other hand, tended to overestimate the helpfulness of social workers, other parents, and case managers; and underestimate the importance of auxiliary helpers such as bus drivers and classroom aides, whom the parents saw as very helpful.

* When parents did find helpers to be effective, they were likely also to have perceived and experienced good communication among themselves, service providers, agencies, and schools. Consequently, they were likely to report higher levels of satisfaction after the child was placed in the new setting. Issues

pertaining to communication appeared to be critical to parents, especially at the IEP meetings. When parents felt that "what they said mattered," they were more likely to be among the most satisfied of parents, and when they indicated that their input was not valued, they were more likely to be among the least satisfied of parents.

* According to service providers, the birth-to-three programs were likely to communicate less often with the preschools about a child's transition than were the preschools with the primary programs. In contrast, the parents believed that a follow-up communication from sending facilities occurred much more frequently than service providers reported.

* When asked, "How long before the transition occurred did you know that a change was going to happen?", the time parents reported was an average of eight months in advance of the transition. The range of responses was from less than one week to two years. When asked how long before the transition occurred would they have liked to have known about it, the average response was about the same. However, if parents did not feel that they had sufficient time, whatever that time frame might actually have been, they were more likely to among the least satisfied parents. Service providers from the Chicago area's public schools (Chicago Public Schools and suburban public schools) believed that parental notification should occur from four to six months in advance of the transition. However, service providers from the Southwestern region and the private schools and agencies believed a longer time was necessary, approximately eight to nine months.

* Nearly all of the parents reported that their child was tested and, on the whole, there were fairly good levels of satisfaction with the testing procedures. However, about 20% of the parents indicated that their children were not tested in the language they best understood. This statistic is perplexing in view of the fact that 97% of the parents in the sample population spoke English fluently, and less than 3% of the parents requested interviews in Spanish. When the field assistants conducting interviews "probed" this response, they were told that the parents did not feel their children understood what the examiner wanted them to do, and that they themselves had problems understanding the results of the tests.

The six sequential recommendations for providing a continuous, coordinated system of transition developed from the TNA study include:

1. Evaluate current transition practices.

2. Assist parents in accessing support.

3. Establish a timeline for transition activities.

4. Delineate the channels of communication for parents and service providers.

5. Prepare for, plan, and implement the child's assessment and subsequent placement.

6. Evaluate the transition and conduct follow-up activities.

In conclusion, since children with special needs are continually undergoing transitions throughout their lifetimes, it is essential that the service providers involved in the earliest preschool transitions help families to acquire the skills they need to manage a successful transition. Successful transitions require communication, collaboration, and planning among families, agencies, schools, and service providers. Analyses of the results from this study yielded recommendations which can be utilized by administrators and service providers to provide better transitions for preschool children with special needs and their families.

SECTION I APPENDIX

Minimum ages mandated by states and territories for providing special education to all handicapped children, 1988

Qualitative responses from parents

Qualitative responses from service providers

MINIMUM AGES MANDATED BY STATES AND TERRITORIES FOR PROVIDING SPECIAL EDUCATION TO ALL HANDICAPPED CHILDREN, 1988

BIRTH	AGE 2	AGE 3	AGE 4	AGE 5	AGE 6
Alaska	Virginia	District of Columbia	Delaware*	Arkansas	Alabama
American Somoa		California	Oklahoma*	Colorado	Arizona
Northern Marianas		Connecticut	Tennessee*	Georgia	Florida
Guam		Hawaii		Indiana	Idaho
Iowa		Illinois		Kansas	Maine
Maryland		Louisiana		Kentucky	Nevada
Michigan		Massachusetts		Mississippi	Ohio
Minnesota		New Mexico		Missouri	Pennsylvania
Montana		North Dakota		New York	Wyoming
Nebraska		Texas*		North Carolina	
New Hampshire		Utah		South Carolina*	
New Jersey		Virgin Islands		Vermont	
Oregon		Washington		West Virginia*	
Puerto Rico		Wisconsin			
Rhode Island					
South Dakota					

Delaware: Mandates at Birth for; Deaf/Blind, Deaf/Hard of hearing, Blind/Partially sighted, Autistic. Mandates at Age 3 for; Orthopedic, Mentally handicapped.

Oklahoma: Mandates at Birth for; Deaf/Blind, Failure to thrive, and Severely handicapped.

South Carolina: Mandates at Age 4 for; Visually impaired, Hearing impaired.

Tennessee: Mandates at Age 3 for; Deaf.

West Virginia: Mandates at Age 3 for; Severely handicapped.

Texas: Mandates at Birth for; Visually impaired, Hearing impaired, Deaf/Blind.

SELECTED QUALITATIVE RESPONSES FROM PARENTS

10.0 What would they do differently in another transition?

Visit new placement several times; have more contact with them before the transition
Interview teachers in the new setting
Start the process earlier
See several (as many as five) centers to compare
Find a center that wasn't afraid of our multiply handicapped child; staff was not prepared

My child is incorrectly placed; she's blind and deaf but not retarded - she's in an MR class
Find out about rights; know them well
Learn more about district/board policy
Insist on communication with new teachers before the transition
Try to create a program for <u>your</u> child
Push IEP meeting date up, so child won't have to wait to enter new program
Insist on testing sooner
Be more organized
Get an independent evaluation
Ask more questions
Be more assertive and/or aggressive
I would have spoken up at the IEP meeting about <u>why</u> they came to this decision about his placement
I wanted to talk to parents who had a child in his new school - confidentially - about how to handle things
The new setting was just fun and games; I wanted a program to teach readiness
Nothing - transition was smooth and well done
New program improved her, brought her out of her shell
I wouldn't be so defensive

10.1 Advice to other parents?

Check out the placement in advance
Go to new placement without the child first
Don't place child unless you agree
"Get in there swinging"
Study 94-142
Get involved early
Be assertive but flexible
Keep records of everything
<u>Ask</u> for help
Call Coordinating Council
Be prepared to get a lawyer. If all else fails, you can get one through UCP and other agencies; they are affordable
Begin early
Demand the Least Restrictive Environment for child
Take your child to various programs

Be open-minded and check out the schools
I was worried that my child wouldn't like the placement, and he can't communicate about that
Follow your "gut" feelings - always

10.2 Anything else?

IEP's are horrible and intimidating
Do not allow yourself to become too emotional
Teachers from sending school were exceptional; they were confident - and the transition went smoothly - "not such a big deal"
Interview bus driver in advance; stay at school the first week
Check in with the school each week
Write a care plan for your child
"Going public" is terrifying
Go with your gut feeling
You need 6 to 9 months to plan a transition
Talk to a person who has been through it
I let the professionals decide his placement.
I felt they knew best ... only he needs more PT and Speech than he's getting.
Negative attitude from schools is unnecessary
Schools and parents do not have to be enemies

SELECTED QUALITATIVE RESPONSES FROM SERVICE PROVIDERS

7.0 Hardest part for parents?

Shock of seeing other handicapped children in new setting
Disability was not "cured" in birth-to-three program; child must stay in Special Education
New bureaucracy and staff to get used to
Leaving child in school for 3 - 5 hours a day
Child won't be home all the time; hard for parent to find things to do for a while
Trusting my child to a whole new group of people he doesn't even know
Is the new setting appropriate?

8.0 Hardest part for the child?

New environment, new children, schedule
New persons taking care of them
Lower functioning children cannot understand
Anxiety
Nct a gradual change
Overwhelmed by change
Parents' anxieties

7.3 Difficulties for service providers?

How to help parents more
Parents ask for answers I don't have
Frustration
I want to be a resource to parents
Making judgments on next placement
Often lack of necessary services in the next placement
Let parents know the change is necessary - child must attend school at three
Using Special Education methods in program and also meeting the needs of the parents and child
Use of labels

8.1 Advice for service providers?

Networking with others
Be supportive of parents; sensitive to their needs
Listen to parent's awareness of child's situation
Be sure of what this transition means to these parents
Help parents teach and help other parents
Know your system and administration
Shorten the transition time; start early
Be honest, upfront, and upbeat!

Explain rights to parents and what the IEP means
Don't assume that parents know their rights
Have parents look at all possibilities
Develop a transition plan - we need a plan
Help parents develop goals themselves

13.0 How to make parents more aware of how to access the appropriate service system?

Peer parent helpers
Use social worker
Have classroom meeting for parents
Hold inservice workshops for parents
Publicize through newsletter
Use written literature from organizations
Have parents work with a "buddy" from the system, maybe a parent with a child two years older who can walk them through it

Parent comments from interviews:

CHILDREN need to hear positive things from their parents about the transition and the new environment. "If you (parents) act positively, they will view the change positively".

Parents should talk to their children more about the transition to be sure they understand. "I talked to my son and I thought he understood, but he did not".

Some children show very positive effects after the transition. "My daughter was brought out of her shell in the new program, the new program has improved her".

"Your child will like being out and about on the bus".

PARENTS are the child's best advocate. "If, as a parent, you know something is right, go with your gut feeling. "Don't let teachers tell you there is nothing wrong with your child when you (the mother) know something is not right".

Parents should "get involved", and voice their opinions, but "they may need a social worker or someone to help during the transition period".

Parents should not wait until decisions have been made and then react to them; they should "act soon and not wait until there is a problem".

Parents should ask a lot of questions of the new teacher, and "check out the school and new classroom. Look at how other children behave towards each other in the class. Check out the bus driver and the other children on the bus. Make sure he puts seat belts on the children. Check out his attitude".

Visit the new school with your child.

SERVICE PROVIDERS and parents "don't have to be enemies". IEP meetings can be horrible and intimidating, "don't allow yourself to become emotional. Don't go alone (preferably take a male). Find out about tests. Dress professionally. Have written and prepared reasons for the services you need. Bring copies of the rules and regulations with you".

Service providers "could present parents with choices, it would be better".

Service providers "can sometimes be condescending. We phoned in March, explaining that we have a developmentally delayed child. They wouldn't test him until June, and that was just a regular screening. Then we had to wait longer for tests. I was very angry".

Parents reported that "some diagnosticians were very cold and made us feel guilty about being tuitioned out".

"Involve both staffs, old and new. Get as much help as you can, don't try to do it alone. Be aware of the constraints the teachers and districts are under".

Service provider comments from interviews:

CHILDREN have a difficult time in transition, some environments are not as nurturing for them as others. They have a fear of strangers. Getting accustomed to a new/routine is difficult.

PARENTS have trouble leaving familiar settings. They need to learn to trust someone new. It's hard for them to hear assessment information. Seeing other special kids in the new environment may be a shock when they go to visit.

They may not agree with a recommended placement, but may simply consent because they don't want to go up against a "stacked deck".

Parents find it hard to accept that their child may always be impaired to some degree.

Parents need a "buddy parent" from the school or center. A "buddy" parent who has had a child make transitions in that system can help "walk the new parent through it".

They need to have someone present at the IEP meeting to ask "Do you understand what is being said?", and to help interpret information for them.

Parents need more support during transitions.

Parents need help to decide what they want for their child.

SERVICE PROVIDERS also feel emotional about the child and the family who are leaving to go to a new program. Sometimes they become attached and they "hate to see the family go".

Service providers often wonder about the child who has made a transition to another program. "Will he do O.K.?" "Will that placement be good for her?"

When service providers don't feel comfortable with the new placement, it's hard to hide it from the parents.

"It's hard to see a label placed on a child at 3. The first transition is the hardest."

"We need to determine where the parent is in time and move from there . . . . make ourselves open for questions."

"As service providers we should do 'public relations work' on the next program".

"Be aware of what transition means to individual parents. Consider stages of grieving parents may be going through".

The transition process needs lots of support and sensitivity. "Help parents negotiate problems they have in making a transition".

SECTION II APPENDIX

Results

Correlation Table - Parents' Rating Scale

Parent Survey: Weeks of Advance Notification Re: Transition

Mean Scores for Service Provider Responses to Communication Issues

DATA APPENDIX: SECTION II

RESULTS

Reference Page Number	Description of Variable and Results
16	Ethnicity - higher contact score for Blacks and Hispanics
	χ^2 (3, N=113) = 9.54, p < .03
16	Ethnicity - married versus non-married -Blacks less married
	χ^2 (3, N=211) = 29.40, p = .000
17	Number of siblings in family more siblings in family, less parents felt child's new placement was good.
	ANOVA - (F (4,212) = 3.02, p < .02
17	More siblings in family, less parents felt what they said at IEP mattered.
	χ^2 (4, N=193) = 13.18, p < .02
17	More siblings, more children with handicaps.
	χ^2 (4, N=217) = 20.55, p < .001
17	More siblings in family, fewer married parents.
	χ^2 (4, N=213) = 17.11, p < .01
19	Liked new program.
	ANOVA - (F (2,220) = 3.94, p < .03
24	(1) Preschool notifies birth-to-three program
	ANOVA - (F (3,62) = 9.30, p = .0000
	Scheffé post hoc
24	(1) Primary notifies preschool program.
	ANOVA - (F (3,59) = 7.33, p < .001
	Scheffé post hoc
24	(2) Birth-to-three programs send representatives.
	ANOVA - (F (3,63) = 4.27, p < .01
	Scheffé post hoc

Reference Page Number	Description of Variable and Results
24	(2) Preschools send representatives.
	ANOVA - ($F(3,59) = 3.45$, $p < .03$
	Scheffé post hoc
24	(3) Birth-to-three programs seek follow-up information.
	ANOVA - ($F(3,60) = 2.88$, $p < .05$
24	(3) Preschools seek follow-up information.
	ANOVA - ($F(3,60) = 5.86$, $p < .01$
24	(4) Parents have opportunity to discuss concerns before transition (Birth-to-Three).
	ANOVA - ($F(3,69) = 3.64$, $p < .02$
	Scheffé post hoc
24	(5) Information sent and requested from one program to another (Preschool to Primary).
	ANOVA - ($F(3,68) = 3.74$, $p < .02$
	Scheffé post hoc
24	(6) Explanation of new setting to parents.
	ANOVA - ($F(3,70) = 4.71$, $p < .01$
24	(7) Knowledge of transition services
	χ^2 ($3, N=85$) = 12.95, $p < .01$

Reference Page Number	Description of Variable and Results
29	Helpfulness Ratings:

Variable	Z Scores	Significance
Social Worker	4.0	< .01
Other Parents	2.68	< .01
Teacher from old program	3.81	< .01
Bus Drivers and Aide	2.18	< .05
Case Managers	2.55	< .01
Counselors	6.26	< .01

31	Enough time to understand x^2 (1, N=89) = 13.98, $p < .001$
31	What said at IEP mattered x^2 (1, N=79) = 9.83, $p < .01$
31	Weeks needed to plan transitions by location ANOVA - (F (3,85) = 4.74, $p < .01$
32	Weeks needed to plan transitions by position ANOVA - (F (2,86) = 6.00, $p < .01$)
32	Waiting for evaluations - comparison of parents and service providers Z score = 2.76, $p < .01$
35	Felt parents had choices ANOVA - (F (2,220) = 3.24, $p < .05$ Scheffé post hoc
35	Enough time to understand x^2 (1, N=83) = 18.04, $p = .0000$
35	Felt that what they said at IEP mattered x^2 (1, N=76) = 10.12, $p < .01$
37	Agency sends information to new setting Paired samples t test - (1,51) = -2.65, $p < .02$
37	Agency sends representation to staffing in new setting Paired samples t test - (1,45) = -2.96, $p < .01$

Reference Page Number	Description of Variable and Results
37	Agency seeks follow-up information from new setting Paired samples t test - (1,44) = -1.99, $p < .05$
38	Follow-up in new setting Birth-to-Three to Preschool - Z Score = 2.86 $p < .01$ Preschools to Primary Z Score = 2.07, $p < .05$
40	Felt what said at IEP mattered - helpfulness x^2 (1, N=79) = 9.83, $p < .01$
40	Felt what said at IEP meeting mattered - communication x^2 (1, N=76) = 10.12, $p < .01$
40	Felt what said at IEP meeting mattered x^2 (1, N=76) = 10.12, $p < .01$

1. **Notification of Staffing and IEP Meetings**

There was a significant effect for geographic location on this variable at both the preschool and primary levels. Service providers from the Northern suburban public preschools and the Southwestern public preschools notified birth to three programs of upcoming staffing and IEP meetings significantly more often than those from the Chicago Public Schools. Also, service providers from the Southwestern public preschools notified birth-to-three programs about these meetings significantly more often that those from the private schools. Service provider responses also showed that staff from the primary programs in the Northern suburban public schools notified that preschools of staffings and IEP meetings significantly more often than staff from the Chicago Public schools, the Southwestern public schools, or the private agencies.

2. **Representation of Sending Schools at IEP Meetings in the New Environment**

There was an overall significant effect for geographic location on the representation at IEP meetings variable for both birth-to-three and preschool programs. Service providers from the Northern, suburban and Southwestern regions indicated that representatives from the birth-to-three programs attended IEP preschool meetings significantly more frequently than did service providers from the Chicago Public Schools. Attendance at IEP meetings by preschool representatives was rated significantly higher by service providers in the Northern suburban public schools than by those from the Chicago Public Schools.

3. **Follow-up Conducted by "Sending" Agency or School**

When service providers were asked whether or not the birth-to-three agency or school sought follow-up data on their "graduates" once they had moved to the preschool setting, the results showed an overall significant main effect. Service providers from the Chicago Public Schools indicated significantly less frequent follow-up by birth-to-three programs than those from the private agencies. When service providers were asked whether or not preschool staff sought follow-up data on their graduates once they had moved to the primary setting, their responses showed an overall main effect for this variable. The service providers from the Northern suburban public schools experienced follow-up significantly more often on these children than those from either the Chicago Public Schools or the Southwestern public schools.

4. **Parents' Opportunity to Discuss Concerns Before Transition**

When asked if parents who were leaving the birth-to-three setting had had the opportunity to discuss their concerns about the transition before the transition took place, service providers from the Northern suburban public schools indicated that parents had significantly more of these opportunities than those from the Chicago Public Schools. This variable was not significant for any geographic group when transitions from preschool to primary settings were considered.

5. **Information Sent/Requested from One Program to Another**

When asked about the communication of information from the birth-to-three programs to the preschool, service providers' responses indicated that there was no significant effect by geographic location. However, at the preschool to primary level, there was an overall main effect by location. Service providers from the Chicago Public Schools and from the Northern suburban public schools indicated that this type of communication took place significantly more often in those locations than was indicated by the responses of service providers from the private agencies.

6. **Explanation of New Setting to Parents**

Service providers' responses to the question of whether or not the preschool setting was explained to parents before they left the birth-to-three program showed no significant effect by location. However, when the question was posed regarding an explanation of the primary setting to parents leaving the preschool, there was an overall main effect. Service providers from the Northern suburban public schools and from the Southwestern region rated this variable as occuring significantly more often than those from the private facilities and agencies.

7. **Knowledge of Transition Services**

When asked if they knew about services which were specifically designed to help parents and children with the transition process, there was an overall main effect by location. Service providers from the Northern suburban public schools knew of significantly more services than those from the Chicago Public Schools or from the Southwestern public schools.

CORRELATION TABLE
PARENTS RATING SCALE

PEARSON CORRELATION COEFFICIENTS

	HELPFULNESS	COMMUNICATION	CONTACT	NEW GOOD	NEW SERVICES	NOTIFICATION NEW LIKED	NOTIFICATION WEEKS	LIKE TO KNOW WEEKS	WAIT FOR TEST WEEKS
HELPFULNESS	1.0000 (0) p = .	.5145 (220) p = .000	-.0583 (220) p = .195	.3239 (215) p = .000	.3326 (213) p = .000	.2401 (211) p = .000	.0658 (216) p = .168	.0206 (215) p = .382	-.1522 (61) p = .121
COMMUNICATION	.5145 (220) p = .000	1.0000 (0) p = .	.1390 (220) p = .020	.4322 (215) p = .000	.4971 (213) p = .000	.3254 (211) p = .000	.0715 (216) p = .148	.0550 (215) p = .211	-.2031 (61) p = .058
CONTACT	-.0583 (220) p = .195	.1390 (220) p = .020	1.0000 (0) p = .	-.0027 (215) p = .484	.1718 (213) p = .006	.0972 (211) p = .080	.0306 (216) p = .327	.0773 (215) p = .129	-.0891 (61) p = .247
NEW GOOD	.3239 (215) p = .000	.4322 (215) p = .000	-.0027 (215) p = .484	1.0000 (0) p = .	.5645 (213) p = .000	.6344 (211) p = .000	.0747 (211) p = .140	.0525 (210) p = .224	-.1950 (59) p = .069
NEW SERVICES	.3326 (213) p = .000	.4971 (213) p = 000	.1718 (213) p = .006	.5645 (213) p = .000	1.0000 (0) p = .	.4132 (210) p = .000	.0222 (209) p = .375	.0073 (208) p = .458	-.3433 (59) p = .004
NEW LIKED	.2401 (211) p = .000	.3254 (211) p = .000	.0972 (211) p = .080	.6344 (211) p = .000	.4132 (210) p = .000	1.0000 (0) p = .	.0930 (207) p = .091	.0510 (206) p = .233	-.1547 (57) p = .125
NOTIFICATION WEEKS	.0658 (216) p = .168	.0715 (216) p = .148	.0306 (216) p = .327	.0747 (211) p = .140	.0222 (209) p = .375	.0930 (207) p = .091	1.0000 (0) p = .	.8506 (213) p = .000	-.0251 (61) p = .424
LIKED TO KNOW WEEKS	.0206 (215) p = .382	.0550 (215) p = .211	.0773 (215) p = .129	.0525 (210) p = .224	.0073 (208) p = .458	.0510 (206) p = .233	.8506 (213) p = .000	1.0000 (0) p = .	.1046 (60) p = .213
WAIT FOR TEST WEEKS	-.1522 (61) p = .121	-.2031 (61) p = .058	-.0891 (61) p = .247	-.1950 (59) p = .069	-.3433 (59) p = .004	-.1547 (57) p = .125	-.0251 (61) p = .424	.1046 (60) p = .213	1.0000 (0) p = .

(COEFFICIENT / (CASES) / 1-TAILED SIG) " . " IS PRINTED IF A COEFFICIENT CANNOT BE COMPUTED

DATA APPENDIX: SECTION II

PARENT SURVEY - WEEKS OF ADVANCE NOTIFICATION RE: TRANSITION

Number of Weeks	Frequency	Percent	Valid Percent	Cumulative Percent
0	6	2.7	2.8	2.8
1	3	1.4	1.4	4.2
2	7	3.2	3.2	7.4
3	1	.5	.5	7.9
4	15	6.8	6.9	14.8
6	4	1.8	1.9	16.7
8	17	7.7	7.9	24.5
9	1	.5	.5	25.0
12	4	1.8	1.9	26.9
13	18	8.2	8.3	35.2
16	5	2.3	2.3	37.5
17	19	8.6	8.8	46.3
19	2	.9	.9	47.2
20	2	.9	.9	48.1
21	3	1.4	1.4	49.5
22	1	.5	.5	50.0
24	6	2.7	2.8	52.8
26	24	10.9	11.1	63.9
30	3	1.4	1.4	65.3
34	2	.9	.9	66.2
35	1	.5	.5	66.7
39	6	2.7	2.8	69.4
43	3	1.4	1.4	70.8
52	35	15.9	16.2	87.0
60	1	.5	.5	87.5
78	8	3.6	3.7	91.2
104	9	4.1	4.2	95.4
130	1	.5	.5	95.8
134	1	.5	.5	96.3
143	1	.5	.5	96.8
156	7	3.2	3.2	100.0
	4	1.8	MISSING	
TOTAL	220	100.0	100.0	

MEAN	34.074	STD ERR	2.434	MEDIAN	23.000
MODE	52.000	STD DEV	35.766	VARIANCE	1279.204
KURTOSIS	3.304	S E KURT	.330	SKEWNESS	1.851
S E SKEW	.166	RANGE	156.000	MINIMUM	.000
MAXIMUM	156.000	SUM	7360.000		

VALID CASES 216 MISSING CASES 4

APPENDIX II

MEAN SCORES FOR SERVICE PROVIDER RESPONSES TO COMMUNICATION ISSUES

	Chicago Public Schools N=22	Northern Suburban Public Schools N=15	Southwestern Public Schools N=10	Private Schools, Agencies-Mostly North N=23	Overall Mean Score N=70
1. Notification to sending agency of staffings and IEP meetings					
Transition at 3	2.7	5.3	5.8	3.9	4.2
Transition at 6	2.8	5.7	3.2	4.1	4.0
2. Representation of sending schools at IEP meetings in the new environment					
Transition at 3	3.4	5.3	5.6	4.4	4.5
Transition at 6	4.2	5.8	5.7	4.7	5.0
3. Follow-up conducted by "sending" agency or school					
Transition at 3	2.0	3.2	2.7	3.5	2.9
Transition at 6	2.3	4.6	3.6	2.8	3.2
4. Parents' opportunity to discuss concerns before transition					
Transition at 3	4.8	6.0	5.7	5.6	5.5
Transition at 6	5.6	6.0	5.8	5.2	5.7

MEAN SCORES FOR SERVICE PROVIDER RESPONSES TO COMMUNICATION ISSUES

	Chicago Public Schools N=22	Northern Suburban Public Schools N=15	Southwestern Public Schools N=10	Private Schools, Agencies-Mostly North N=23	Overall Mean Score N=70
5. Information sent/requested from one program to another					
Transition at 3	4.5	5.4	5.4	4.9	5.0
	4.0	5.6	4.6	4.4	4.6
	4.8	5.5	4.5	4.3	4.7
Transition at 6	5.8	5.9	5.6	4.9	5.5
	4.9	5.5	3.4	4.2	4.6
	5.5	5.7	4.6	4.4	5.1
6. Explanation of new setting to parents					
Transition at 3	5.0	5.5	5.8	4.7	5.1
Transition at 6	5.4	5.7	5.8	4.5	5.2
7. Knowledge of transition services	38% yes	88% yes	30% yes	50% yes	51% yes

SECTION III APPENDIX

TNA Project Workshops: Format and Handout Materials

TNA Project Workshops: Format and Handout Materials

Duration of Workshops

The typical TNA project workshop lasted three and one-half hours, but depending on the format, this could be broken into two or three shorter workshops. Additional committee meetings are recommended in order to plan solutions to the concerns raised at the workshops. The following activities were conducted at the TNA project workshop meetings.

1. Sentence completion activity - Individual.

This activity used the incomplete sentence technique as a warm-up activity and as a method of obtaining information about how parents and service providers felt about transitions. Scribes were provided for parents who, for one reason or another, preferred to verbalize their feelings rather than write them down. One set of sentences asked participants to write about positive experiences during transition (e.g. "One thing I like about transition is . . . ."); another set of sentences were constructed to determine concerns about the transition process (e.g. "The hardest part of the transition for me is ..."). A graduate student compiled the results of this activity while workshop participants were engaged in the second activity so that results could be used in the large group activity at the end of the workshop.

2. Support services activity - Large group.

An overhead projection of a child, with spokes radiating from the child to the edges of the page, was presented to the group as a whole. This picture was designed to elicit workshop participants to think of the many factors affecting the child's transition. Participants were asked to "brainstorm" in order to list all of the people, agencies and resources which might be involved in transition. Answers were written on the overhead as they were given. The resources were discussed after they had all been written on the overhead projection.

3. Small group activities.

Service providers were seated in small groups, and parents were seated in separate groups. Both groups were given sheets with transition topics and asked to reflect on transitions and to discuss their concerns about referral and placement issues, and to explore their experiences and feelings about specific transition issues. A "secretary" was designated from each group to record answers for later discussion.

4. Closure and Summary - Large group.

At the end of these three activities, parents and service providers were invited to assemble as a large group again, to review the results from the activities and to make a summary of their workshop experiences.

(Please circle one: Parent or Service Provider)

TRANSITION NEEDS ASSESSMENT FOR YOUNGER SPECIAL EDUCATION STUDENTS

ACTIVITY #1 - SENTENCE COMPLETION

1. The times or ages when a young special child makes transitions between programs are

_____

_____

_____

GOOD EXPERIENCES WITH TRANSITIONS

1. One thing I like about transitions is

_____

2. In order for the transaction to work well, the following people need to help: (No names, please; just tell what they do)

_____

_____

3. The best transition happen when

_____

4. Something I have been through or heard about which helps the transition from one program to another is

_____

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CONCERNS ABOUT TRANSITIONS

1. When transitioning children (or my own child) from a birth-to-three program into a three-to-six program in the public schools, I'm worried about

_____

_____

2. My biggest problem in transitioning children (or my own child) from a three-to-six program into a primary special education program or into first grade is

_____

_____

3. The people I have had the most trouble with when transitioning are: (Please do not use names, just tell what they do)

_____

_____

4. The hardest part of transitions for me is

_____

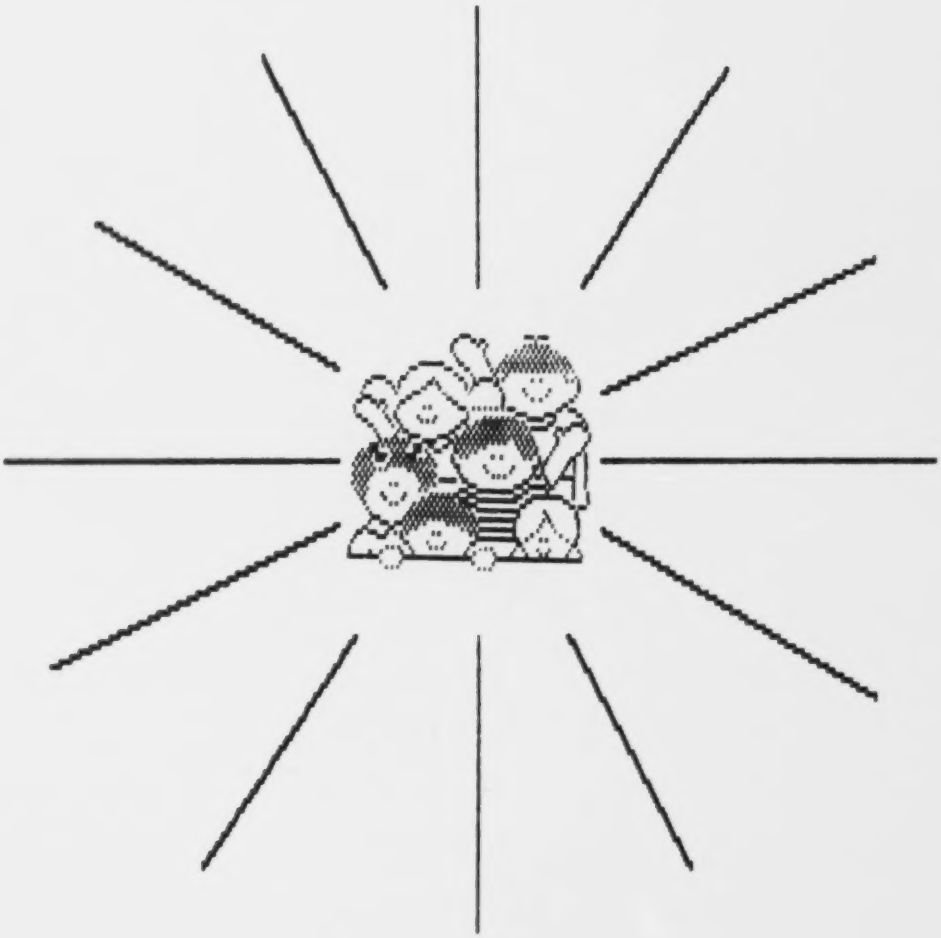
5. In my opinion, the hardest part of a transition for a child is

_____

(Please circle one: parent or service provider)

TRANSITION NEEDS ASSESSMENT FOR
YOUNGER SPECIAL EDUCATION STUDENTS

ACTIVITY #2
PEOPLE, AGENCIES AND RESOURCES - WRITE IN ALL THE ONES WHICH MAY BE INVOLVED WHEN CHILDREN ARE IN TRANSITION



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(Please circle one: Parent or Service Provider)

TRANSITION NEEDS ASSESSMENT FOR YOUNGER SPECIAL EDUCATION STUDENTS

ACTIVITY #3 - PARENTS AND FAMILIES

This activity asks about getting services for your young special needs child. Also, it asks you to think about some of the experiences you have had when you looked for special education programs. We want to know if you have any ideas to give us which would help other parents who are looking for services for their children.

1.a. Did you ever have problems getting help or services for your child?

b. If so, tell us about the problems you had.

2.a. Was it hard for you to sign up your child for school?

b. If so, <u>when</u> was it hard? Tell us about the problems you had.

3.a. Did you ever have to wait weeks or months for your child to start a program?

b. If so, how long did you have to wait for services to begin?

c. About how old was your child at that time?

d. Why do you think you had to wait?

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4. These questions will be about your child's education up to this time.

a. Did your child start in a program before the age of three?

b. Did your child change programs around the age of three?

c. Was there any help from anyone during the time your child made the transition from the first program to the public school?

d. If so, who helped you? If not, who could have helped?

e. If your child was in a birth-to-three program, was your child tested and evaluated in that program?

f. Do you think that the second program used any of those test results from the first program?

g. Did you feel uncomfortable changing from one program to another? Why?

5.a. How do you think other parents of children with special needs could be helped during a transition from one program to another?

b. How do you think parents could learn more about services for their young special children?

c. Who could help them learn about these services?

TRANSITION NEEDS ASSESSMENT FOR YOUNGER SPECIAL EDUCATION STUDENTS

ACTIVITY #3 - SERVICE PROVIDERS

CURRENT STATE OF THE ART IN TRANSITIONING

1. Are there any specific services for transitioning available for special children under the age of six? What are these?

2. Is there one set way to move children from birth-to-three programs into the public schools at age three? What are the ways?

3.a. In your opinion, who should set up the transition services for children from birth-to-three programs into the public schools?

b. . . . set up transition services for children from the three-to-six programs into kindergarten or first grade?

ASSESSMENT AND REFERRAL

BIRTH-TO-THREE TRANSITION INTO PUBLIC SCHOOLS

4. Do the public schools request information about children from birth-to-three programs? What kind of information do they request?

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5. Do the public schools accept diagnostic testing information about a child from the birth-to-three "sending program"? What kinds of information do you think they would use?

6. Do birth-to-three programs ask for information on their "graduates" once these children are in the public school settings? What information might they want?

7.a. Do the public schools give notice about then a staffing or IEP meeting will be held for a child moving into the public schools from a birth-to-three program?

b. Is anyone from the birth-to-three program invited to attend this meeting?

c. Who might be invited?

d. Do you think parents are ever uncomfortable about changing from one program to another? Why?

THREE-TO-SIX TRANSITION INTO PRIMARY SETTINGS

8. Is the transition process different when the child moves from a three-to-six program into a primary special education setting? What is different, if anything?

9. Is the transition process different when the child moves from a three-to-six program into a regular kindergarten or first grade? What is different, if anything?

WAITING LISTS

10.a. Do special children under the age of six have to wait for services between the time that they are tested until the time they are placed in a program?

b. If there is a wait, how long do you think the wait might be?

c. Do you have any ideas about why there might be a wait?

ASSISTANCE FOR PARENTS

11.a. How do you think parents of children with special needs could be helped during a transition from one program to another?

b. How do you think parents could learn more about services for their young special children?

c. Who could help them learn about these services?

(Please circle one: Parent or Service Provider)

TRANSITION NEEDS ASSESSMENT FOR YOUNGER SPECIAL EDUCATION STUDENTS

ACTIVITY #4 - SUMMARY AND RECOMMENDATIONS

TRANSITIONING

WHAT GOES RIGHT	WHAT GOES WRONG
1.	1.
2.	2.
3.	3.
4.	4.

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Executive Summary

Transition Needs Assessment

for

Younger Special Education Students

prepared by

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This project was funded by the Illinois Planning Council on Developmental Disabilities for the purposes of conducting a needs assessment of current transition practices in Illinois for preschool children with special needs, and to provide recommendations for a coordinated system of transition for these children and their families. Project goals were accomplished through the following methods: 1) analysis of a comprehensive review of the relevant research literature; 2) recommendations from advisory board members, workshop participants, and consultants; 3) analyses of national, state, and local surveys; and 4) the results from 220 interviews with parents and 87 interviews with service providers.

Populations Surveyed

The population of parents and service providers was drawn from Cook and Eastern DuPage counties, and from seven-county areas in the Southwestern portion of the state. Therefore, a mixture of urban, suburban, and rural parents and service providers was included in the sample. Both large and small public and private schools, as well as private agencies serving this population, were selected in representative numbers to participate in the study.

Results from Needs Assessment

- From the results of the national survey, it is apparent that only a minority of all service providers in the country are utilizing a coordinated system of transition for preschool children with special needs and their families.

- Parents responding to the TNA survey reported high levels of satisfaction once their child had completed the transition and had been placed in the new program, even though they indicated that their child was not receiving necessary services in some cases, and despite difficulties experienced in the process of making the transition from one program to another. Parents reported feelings of frustration, confusion, and isolation during transitions, indicating that it was a very stressful time for the family. Service providers also reported stress during transitions, including bureaucratic delays, poor communication, excessive paperwork, and lack of time to plan and discuss the transition with parents.

- Regarding the age of the child at the time of transition, no particular transition age was identified by parents as being more difficult than another. Service providers, however, indicated that there were differences in the transition process when it occurred between preschool and the primary setting as opposed to the earlier transition from the infant program.

- Problems reported by parents were not specific to any particular agency, geographic location, or population. Factors which contributed to successful or problem transitions from the parents' viewpoint were not surface variables such as the amount of contact they had with various types of professions, the age of the child at the time of transition, or even lengthy waiting times for placement and testing. Instead, there seemed to be a subtle interplay among a variety of factors which affected communication issues, and related to satisfaction with the new program. Service providers, however, reported problems which did vary according to geographic location and the type of facility. From

the service providers' vantage point, the parents from the Chicago Public Schools and, to some extent, those from private agencies were less likely to have the benefits of good communication linkages between sending and receiving schools at both the earlier and later transition times.

- The number of help agents with whom parents had contact was not related to levels of parental satisfaction after their child had been placed in the new setting. Parents indicated that some individuals with whom they had contact during the transition process were found to be more helpful than others. Teachers, speech therapists, and classroom aides were at the top of the parents' list. Social workers, nurses, medical doctors, psychologists and, surprisingly, other parents were not found to be as helpful. Service providers, on the other hand, tended to overestimate the helpfulness of social workers, other parents, and case managers; and underestimate the importance of auxiliary helpers such as bus drivers and classroom aides, whom the parents saw as very helpful.

- When parents did find helpers to be effective, they were likely also to have perceived and experienced good communication among themselves, service providers, agencies, and schools. Consequently, they were likely to report higher levels of satisfaction after the child was placed in the new setting. Issues pertaining to communication appeared to be critical to parents, especially at the IEP meetings. When parents felt that "what they said mattered," they were more likely to be among the most satisfied of parents, and when they indicated that their input was not valued, they were more likely to be among the least satisfied of parents.

- According to service providers, the birth-to-three programs were likely to communicate less often with the preschools about a child's transition than were the preschools with the primary programs. In contrast, the parents believed that a follow-up communication from sending facilities occurred much more frequently than service providers reported.

- When asked, "How long before the transition occurred did you know that a change was going to happen?", the time parents reported was an average of eight months in advance of the transition. The range of responses was from less than one week to two years. When asked how long before the transition occurred would they have liked to have known about it, the average response was about the same. However, if parents did not feel that they had sufficient time, whatever that time frame might actually have been, they were more likely to be among the least satisfied parents. Service providers from the Chicago area's public schools (Chicago Public Schools and suburban public schools) believed that parental notification should occur from four to six months in advance of the transition. However, service providers from the Southwestern region and the private schools and agencies believed a longer time was necessary, approximately eight to nine months.

- Nearly all of the parents reported that their child was tested and, on the whole, there were fairly good levels of satisfaction with the testing procedures. However, about 20% of the parents indicated that their children were not tested in the language they best understood. This statistic is perplexing in view of the fact that 97% of the parents in the sample population spoke English fluently, and less than 3% of the parents requested interviews in Spanish. When the field assistants conducting interviews "probed" this response, they were told that the parents did not feel their children understood what the

examiner wanted them to do, and that they themselves had problems understanding the results of the tests.

Recommendations

The six sequential recommendations for providing a continuous, coordinated system of transition developed from the TNA study include:

1. Evaluate current transition practices.
2. Assist parents in accessing support.
3. Establish a timeline for transition activities.
4. Delineate the channels of communication for parents and service providers.
5. Prepare for, plan, and implement the child's assessment and subsequent placement.
6. Evaluate the transition and conduct follow-up activities.

Conclusion

In conclusion, since children with special needs are continually undergoing transitions throughout their lifetime, it is essential that the service providers involved in the earliest preschool transitions help families to acquire the skills they need to manage a successful transition. Successful transitions require communication, collaboration, and planning among families, agencies, schools, and service providers. Analyses of the results from this study yielded recommendations which can be utilized by administrators and service providers to provide better transitions for preschool children with special needs and their families.

A copy of the entire final report may be obtained from:

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